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ABSTRACT

This guide is designed to assist secondary school teachers in developing sequential drug education activities for infusion into the general curriculum, particularly in the communicative arts areas. The scope of the materials encompasses health habits, drug use and abuse, drug laws, and the pharmacology of drugs in specific sections by subject matter. Each section, delineated by grade level, is organized according to objective, content, and learning activities. The narrative provides accurate, current information on the history of drug use/abuse, pharmacology of drugs, social/psychological implications of drug use and drug treatment/rehabilitation. Sections on affective education to assist students in choosing alternatives to drugs, a list of state-wide drug education resource centers and materials, and reviews of drug education audiovisual aids are also provided. (Author/HLM)

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DECIDE:

Developing Extensive Curriculum for Interdisciplinary Drug Education

A RESOURCE GUIDE FOR SECONDARY TEACHERS

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State Superintendent of Education

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Division of Instructional Services

Health, Physical Education, Recreation,
and
Driver and Traffic Safety Education Section
Drug Education

Bulletin No. 6 1979

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Participants in the Drug Education Summer Institute at the University of Alabama in Birmingham

Participants in the Drug Education Summer Institute at the University of South Alabama

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FOREWORD

Drug abuse is one of the most serious social problems which confront Alabamians today. Every quarter of society is directly affected by the abuse of alcohol and other drugs. It is impractical to assume that education alone has the solution to this problem, but teachers and administrators can certainly make a meaningful contribution to the overall statewide effort to limit abuse in Alabama.

In order to assist educators in carrying out the mandate of the Drug Abuse Education Act of 1971, the Alabama State Department of Education has developed this resource guide which is a revision of the publication entitled IDEAS (Interdisciplinary Drug Education for Alabama Schools, Bulletin No. 11, 1973). In addition to the content outline, there are new suggested activities, a bibliography, narratives and other information which should be helpful to the classroom teacher involved in drug education. It is anticipated that every school in Alabama will make good use of this publication either in the context in which it is written or in ways more consistent with their unique curricula designs.

The Drug Education Unit of the Division of Instructional Services has other reliable resource materials which are being constantly updated and are available for distribution to teachers. In addition, the specialists working in this area are available to help school systems implement instructional programs designed to suit local needs.

Special recognition should be given to the many people who assisted the drug education specialists in the development of this guide. A number of teachers, administrators, students, specialists from the State Department of Education, and others made invaluable contributions. These people possessed not only a knowledge of subject matter but an understanding of education and what is needed by the classroom teacher in order to affect the lives of students in relation to drug education.

It is believed that this revised publication can be a valuable asset in the task of drug abuse prevention. The effectiveness of this resource guide rests ultimately with the classroom teacher.

Wayne Teague
State Superintendent of Education

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INTRODUCTION

It is possible that drug abuse has not reached the degree of intensity in Alabama that it has in some other areas of the United States. While this condition is something for which to be thankful, there should not be apathy to the point of allowing a crisis situation in drug abuse to arise. The most effective means of averting crisis situations is to institute in schools and communities effective programs of preventive education. In addressing so complex a problem as that of drug abuse, the discipline of education must go beyond the mere dispensing of information and must make a strong effort to affect attitudinal and behavioral changes.

This resource guide has been prepared for use in the state of Alabama by teachers in grades seven through twelve. It builds upon the previously prepared interdisciplinary curriculum, State Department of Education, Bulletin No. 11, 1972. It is sequential to the K-6 interdisciplinary curriculum, State Department of Education, Bulletin No. 5, 1978. The approach places the various aspects of drug education into grade levels and subject matter areas where they naturally fit. The curriculum is sequential in nature and is divided according to the various disciplines. Suggested activities designed to enhance the learning of various information and concepts are included. The content has been cross-referenced with the Alabama State Course of Study (SCS) and with narratives where appropriate.

This section of the curriculum deals with grades seven through twelve. Although many behavioral patterns have already been developed by this level, decision-making skills are extremely important for this age . . . realizing that many of the student's life decisions are made at this level. The communicative arts should be considered implementation tools for the further development of the total drug education program. The curriculum utilizes the emphasis placed on drug use and abuse contained in the Alabama Health Education Curriculum Guide. Each section of the curriculum contains objectives which should be considered by all teachers of drug education. An important section of the guide is the one dealing with narratives. This section includes information on all topics deemed necessary in drug education. The information provided is correlated with the curriculum content outline. It is impossible to develop any one publication that contains all the information needed by teachers; for this reason a selected bibliography of suggested materials is included.

It is anticipated that teachers will find that this resource guide, combined with their own knowledge, is adequate for conducting meaningful instructional programs of drug education.

SCOPE AND SEQUENCE

	SOCIAL STUDIES	HEALTH & PHYSICAL ED.	LANGUAGE ARTS
Grade 7	*World History* Drug uses through early civilizations to modern man. Growing dependency of individuals upon drugs (case study).	Identification of commonly abused drugs and effects on body, legal aspects of drug abuse.	Listening, speaking, reading, and writing effectively about the legitimate use of drugs.
Grade 8	*Civics and Law* Laws regarding drugs in Alabama. Laws regulating the sale and use of alcohol and tobacco. Classification of crimes. Enforcement for control of drug abuse.	Harmful effects of drugs on the body. Reasons for drug abuse and alternatives.	Drug research and expressing values involving the pressures of drug/alcohol/tobacco use.
Grade 9	*Current Affairs* Alcohol and drug abuse. Drugs and civil disorders (civil defense). *Alabama History* Drug use in colonial period.	Same as grade 8. Emphasis on hallucinogens.	Expressing values in regard to community and society.
Grade 10	*World History* Drug use from ancient history to present.	Same as grade 8. Emphasis on marijuana, alcohol, and tobacco.	Discuss effectively the psychological and physiological effects of drugs on the body.
Grade 11	*United States History* Drug use in the United States from pre-colonial period to 20th century.	Dangers of commonly abused drugs and the drug abuser. Skills for living in a changing society.	Place drugs have had in the history of America. Influence of drugs on today's culture.
Grade 12	*United States Government* Laws and agencies pertaining to drug control, comparison of U.S. laws and laws of foreign countries regarding the sale and possession of illegal drugs. *Communism* Control of drug abuse in communist countries. *Economics* Impact of drug use and abuse on the economy of America.	Drug dependency. The drug addict. Prevention of drug abuse through education.	Researching, evaluating, organizing, and effectively presenting information concerning drug use.

Grades 7-8	**SCIENCE***	**COUNSELORS (grades 7-12)**
	Sources and descriptions of various types of drugs. Beneficial and non-beneficial uses of drugs. The drug abuser. Treatment and rehabilitation. Drug abuse effects on ecology. Drug use related to man and space.	Identifying characteristics of the potential or defined drug abuser. Some reasons of students abuse of drugs. Coordinating school staff and community in a substance abuse educational program. **CAREER EDUCATION (grades 7-12)** Coordinates career development with areas appropriate for drug education.
Grades 9-12	*Biology* Pharmacology of drugs. Physical side effects of drug abuse. The drug abuser. Treatment and rehabilitation. *Chemistry* Hydrocarbons and various household substances. Hydrocarbons and various medicinal substances. Devastating effects of hydrocarbons on body. Derivatives of hydrocarbons. *Consumer Chemistry* Food additives and water pollutants. Medicine/drugs/narcotics. Chemistry of soaps and cosmetics.	**DRIVER ED. (grade 10)** Laws regarding alcohol. Alcohol effects on the driver. Consequences of misuse of drugs. **BEHAVIORAL SCIENCES (grades 10-12)** A composite of developmental social and behavioral sciences; i. e., psychology, sociology, related to man and the drug world. **HOME ECONOMICS EDUCATION (grades 10-12)** Specialization of home economics in home and family living relative to drugs in home and society.

*Only one unit of science is required for graduation; hence, any science course in the curriculum after completion of the eighth grade would fill this requirement. For this reason it is suggested that courses not be locked into a particular grade level. Therefore, this course of drug education is listed by topics.

COUNSELING - GUIDANCE

7 - 12

THE COUNSELOR'S ROLE IN DRUG ABUSE PREVENTION

Because drug abuse prevention should be both academically interrelated and incidental in all the education disciplines, the school counselor's role is multifaceted. Realizing all students are potential drug abusers, the counselor must play a viable role in drug abuse prevention. This school professional is trained in the strategies of decision-making, value clarification, positive long- and short-range goal orientation, and building of good self-concept . . . all necessary in drug abuse prevention.

Actually, very little research has been done in the area of the potential drug abuser. In turn, very little has been discovered that will aid in pinpointing that individual who is most apt to abuse drugs. With the experience gained in the public school setting, however, it is not difficult to spot the student who will eventually fall into some pattern of antisocial behavior; i.e., *truancy, dropping out, misbehavior, underachievement. Consider any such individual a potential drug abuser.*

If problem drug users have anything in common, it is probably the way they react to stress—they use drugs. This, obviously, is a negative reaction to stress. It may be said that *people who are more prone to react negatively to stress are more prone to become problem drug abusers.* What are some negative reactions to stress—(1) uncontrolled crying, (2) unchecked anger, (3) withdrawal, (4) defensiveness, and (5) several other types of irrational behavior?

Without correction of this emotional or stress situation, the student may turn to drugs to escape the situation. The following list of behavioral characteristics may be indicative of an emotional or stress situation affecting a student:

(1) Changes in school attendance, behavior patterns, and grades;
(2) Change in the quality of homework;
(3) Unusual flare-ups or outbreaks of temper;
(4) Poor physical appearance;
(5) Excessive borrowing of money from other students;
(6) Stealing small items from school;
(7) Finding the student in odd places during the day such as closets and storage rooms; and
(8) Excessive sleeping in class.

IDENTIFYING CHARACTERISTICS OF THE POTENTIAL OR DEFINED DRUG ABUSER

The following list of questions may help to identify characteristics that are often found among drug abusers within the school situation. These questions do not represent a foolproof checklist for identifying potential drug abusers, but may aid teachers and counselors in becoming more aware of the types of problems that may eventually take the form of drug abuse.

(1) Is the child's home situation wholesome? Does there seem to be good communication between the child and his parents?
(2) Does the child seem to be able to cope with typical environmental and academic stresses in a mature and responsible manner?
(3) Does the child seem to take pride in himself, his accomplishments, his appearance, etc.?
(4) Does the child seem to be satisfied with his teachers and does he seem to have good relationships with them?
(5) Does the child seem reasonably dedicated to his studies and not overly involved in activities that detract from them (i.e., television, "goofing-off")?
(6) Is the child competent in the basic academic skills (reading, spelling, and arithmetic)?
(7) Does the child seem pleased with his choice of courses?
(8) Is the child involved in extracurricular activities or other healthy outlets?
(9) Do the child's parents seem interested in his academic progress?
(10) Does the child have a good circle of friends in the school and does he get along well with them?
(11) Does the child seem to have definite goals for himself, even if he often changes them?
(12) Does the child seem to be in good physical condition?
(13) Is the child usually on time for classes, and does he usually come prepared?
(14) Is the child up with his class and with his own age group?

If the response to a significant number of these questions is negative, it may well be that the child in question is developing some sort of behavior pattern that will be harmful to him.

Some of the reasons given by students for abusing drugs are listed below:

(1) Peer pressure
(2) Curiosity
(3) It's the thing to do
(4) It's fun
(5) Everyone else is doing it

(6) It makes you forget your problem
(7) Fed up with school, home, and the establishment
(8) Communication problems with parents and adults
(9) The drugs are available
(10) You say don't, so I do it
(11) There is nothing else to do

It is also important that the counselor keep in mind that crisis situations can be very serious; therefore, it is wise to follow the general rule, *"When in doubt, refer."* The counselor must recognize when his ability to effectively intervene ends and outside professional help, medical or otherwise, is needed.

Activities which may be used by the counselor in coordinating (with school staff and community) a substance abuse educational program include the following:

(1) Maintain a drug information resource center in the guidance unit.
(2) Identify and be familiar with referral services within the community and make a listing of those available for the students. The listing should be maintained in the guidance unit, the library, and the principal's office, and other places where the students can use them if needed.
(3) Work with counselors in other districts in finding new ways to help drug abusers. Sharing successful ideas should be a common practice among guidance counselors.
(4) Organize guidance programs at night to work with parents who are interested in learning about the drug problem. This program might be conducted annually or semiannually and should be well publicized.
(5) Sponsor in-service education programs for faculty on substance abuse and related problems. These programs could include inviting the drug specialist from the State Department of Education, medical professionals, or other local resource persons.
(6) Provide in-service training programs to interested students in peer counseling. These programs could prepare students in helping relationship roles in a regular counseling role.

Many times students will turn to their classroom teachers for help, rather than the counselor. To assist the teachers in coping with these situations, counselors should arrange for in-service training programs. During these training sessions the following topics should be emphasized:

(1) Provide teachers with the opportunity to examine their own values.
(2) Work with teachers to develop the ability to recognize personality problems related to drug abuse.
(3) Increase teachers' awareness about drugs.
(4) Assist teachers in developing communicative skills. Many times students are turned off by the way we relate to them and not by the ideas we are relating.
(5) Aid teachers in providing positive alternatives to abusing drugs.

CONCLUSION

The counselor is, therefore, charged with responsibilities both in large and small group settings as well as in a one-to-one counseling relationship. However, much of the success that a counselor will have in working with drug misusers or potential drug abusers is dependent upon the attitudes of fellow staff members and their desire to integrate this helping relationship into the classroom setting. A viable, on-going program in drug abuse prevention in the school setting is interdependent upon positive attitudes of both the counselor and all other school personnel.

LANGUAGE ARTS

An Introduction

Several points need to be made about this guide to help teachers in Language Arts teach Drug Education. Most importantly, any teacher can successfully help students understand and approach drugs with well-reasoned attitudes. Second, the teacher is well-advised to read the narratives carefully in order to become knowledgeable about drugs. Third, research skills will be treated throughout the guide as part of the activities and are not given separate headings under content. As always, for more detailed listings of study skills the teacher should refer to the State Course of Study. Finally, any teacher who finds particularly useful activities for Drug Education introduction which are not in this source book is requested to send them to the Drug Education Department in Montgomery in order that they may be considered for inclusion in later editions of the Drug Education Guide. AGAIN, A READING OF THE NARRATIVES WILL QUICKLY INFORM YOU ABOUT DRUGS SO THAT YOU MAY IN TURN INFORM YOUR STUDENTS. You could be their only source for this important information.

GRADE SEVEN

OBJECTIVE: By the end of the seventh grade, the student should be able to converse and write effectively about the legitimate use of drugs.

Content	Learning Activities
I. Listening/Speaking *(See narratives, Value of Drugs, Social Implication of Drug Abuse, Drug Advertisement and Promotion, pp. 111-120)* A. Group Discussions B. Informal Drama C. Intrapersonal Communication	1. As an oral group activity ask the students to assist in compiling a list of drug-related slang terms. Write the words on the chalkboard as they are given. Ask the students for their definitions of the terms. (Use this as a pre-teaching strategy to discover how knowledgeable the students are.) After the initial discussion, correct any misinformation and from there, (depending upon the depth of understanding shown by the students) perhaps, move into the origins of some of the terms. Another direction that could be taken is a discussion of the first time students heard a particular word. What were the circumstances? Did the student hear it on T.V.? From an older brother or sister? 2. Begin a discussion by defining the word "drug." (A drug is a biologically active substance used in the treatment of illness and disease or for recreation or mood change.) Be sure the student understands the words in the definition. The point to be made in the discussion is that, while we tend to associate the word "drug" with certain substances that are illegal in this country, there are many drugs that are both legal and beneficial. Ask the students to help list some helpful drugs. A few obvious ones are insulin for diabetics, novocain for dental problems, and penicillan for infections. 3. Conduct a spelling bee on drug related terms. 4. Do the Adjective Checklist Exercise. (See appendix p. 170) 5. Have small group discussions on such topics as "Is Smoking Cool?" or "Is Drinking O.K.?".

Content	Learning Activities
II. Reading/Literature A. Vocabulary/Word Recognition B. Comprehension C. Work-Study Skills	1. Have students research topics suggested by the content outline and/or by teachers involved in drug education. Orally report findings. 2. Have students use dictionary/thesaurus to discover meanings for the following terms: a. pharmaceutical b. medicinal c. illicit d. anesthetic e. analgesic f. tar g. nicotine h. alcoholic 3. Discuss with students the value of having the skill of skimming. Cut out enough drug-related short newspaper articles (of approximately the same length) for each student to have one. You could find one article and ditto enough for the class. Time them and ask them to skim the article. Call time and see how many can share a few details.
III. Writing A. Sentence Writing B. Expository Writing C. Creative Writing	1. Have students write open-ended statements dealing with drugs (example: I was at a party and my best friend offered me a pill. I . . .) Discuss. Put these statements in a "grab-bag." Each student chooses a statement and writes a response. 2. Ask the students to write a story warning about some aspect of drug abuse that they think a second grader could read. After revision these could be stapled into a book and given to a second grade teacher for use in her class (at her discretion of course). 3. Have students write ten "I am . . ." statements about themselves. They must use adjectives and must not describe themselves physically. Discuss the term "Self-Concept" and how a person's self-concept might relate to drug abuse.

GRADE EIGHT

OBJECTIVE: By the end of the eighth grade, the student should be knowledgeable about basic tools of drug research and should be able to express his own values involving the pressures of drug/alcohol/tobacco use.

Content	Learning Activities
I. Listening/Speaking *(See narrative, Pharmacology of Abused Drugs and Toxic Substances, p. 88.)* A. Informal Debate/Drama B. Group Discussion	1. Set up an informal debate in your classroom. A good debate topic would be "The Necessity of Drugs in Our Society." 2. Have students use periodicals, pictures, and charts to search for drug-related facts. These can be used for written or oral reports. Charts and pictures should be displayed and explained. 3. Divide the class into small groups. Let each group write and present a skit on one of the possible reasons for drug abuse. 4. Assign the telling of imaginary stories concerning peers using/abusing drugs. Stop each story at its climax and allow another student to conclude the story.
II. Reading/Literature A. Word Recognitions/Vocabulary B. Comprehension 1 Draws Conclusions 2. Recognizes Main Ideas C. Work Study Skills/Library Skills	1. Have students complete the vocabulary puzzles. (See appendix p. 179) 2. Have students develop a seek-a-word puzzle using drug abuse words.
III. Writing A. Narrative Paragraphs B. Expository Paragraphs Continued C. Creative Writing	1. Have students write paragraphs discussing the following: a. Reasons for the misuse of drugs b. Alternatives to the misuse of drugs c. Influences on choices made by youth 2. Introduce the class to cinquains, five line poems written thusly: line 1: a one-word noun line 2: two adjectives describing line 1 line 3: three action verbs in which line 1 engages line 4: a short phrase or clause describing line 1 line 5: a synonym for line 1 Have students write cinquains dealing with some aspect of drugs. HEROIN Pleasure Promiser Entices, enthralls, enslaves Devouring body and soul Drugs

Content	Learning Activities
	3. Have students write Haiku—three line verse composed of seventeen syllables which deal with the effects of drug misuse or abuse: Example: Alcohol's a thief, Distorter of the Senses Stealing Yourself from You. 4. Give the Short-Form Vocabulary Test. (See appendix p. 171) 5. See "Intrapersonal Communication" (See appendix p. 172) 6. See "Personal Growth-Identity" (See appendix p. 173)

GRADE NINE

OBJECTIVE: By the end of the ninth grade, the student should be able to demonstrate his knowledge of the tools of drug research and should be able to express his own values with regard to his place in his community and his society.

Content	Learning Activities
I. Listening/Speaking *(See narrative, Social Implications of Drug Abuse, p. 118.)* A. Informal Debate/Speeches B. Intra/Interpersonal Communication C. Group Discussion	1. Have students informally debate. Resolved: drug laws cause increased crime in our society, or drug laws will stop the abuse of drugs. 2. Conduct a group discussion on the question: "What reaction would you want your parents to have if they discovered you were abusing drugs?" 3. Conduct a group discussion on the question: "How would you react if you discovered your 14-year-old son or daughter abusing drugs?" 4. Conduct a class discussion on how young people should express their feelings when they need help. 5. Have students discuss orally or in writing the reasons that people still smoke despite the warnings that have been issued.
II. Reading/Literature A. Word Recognition/Vocabulary B. Comprehension 1. Recognizes several points of view 2. Reads for the purpose of applying information to a practical situation C. Work-study Skills	1. Have students collect from daily newspaper columns such as "Ann Landers" or "Dear Abby," which deal with the personal experiences of those who have been directly or indirectly affected by drug misuse or abuse. 2. Construct a bulletin board using articles students bring from home. You might want to give points for each article to encourage participation.
III. Writing A. Letter Writing B. Descriptive Paragraphs C. Expository and Narrative Paragraphs Continued	1. Have students complete open-end sentences. Example: Society must share in the responsibility for drug abuse because _____. Marijuana should be legalized because _____. Marijuana should not be legalized because _____. 2. Have students write paragraphs contrasting a drug-free society with our society. Refer to film shown in the Listening/Speaking Section. 3. Have students compose a letter to school or local editor to ban smoking in public conveyances and buildings. 4. Have students write an expository paragraph in which they evaluate the advantages and disadvantages of living in a society where there are no controls on drug use.

GRADE TEN

OBJECTIVE: By the end of the tenth grade, the student should be able to discuss effectively the psychological and physiological effects of drug use on the body.

Content	Learning Activities
I. Listening/Speaking *(See narratives, Pharmacology, Psychology of Drug Abuse, pp. 88-116)* A. Evaluates Television Programs B. Acquires Critical and Evaluative Listening Skills	1. Conduct a group discussion on the idea that there are stages of progression in becoming an addict: (1) experimenters, (2) social/recreation users/misusers, (3) seekers (begin to seek drugs), and (4) dysfunctional (addicts). 2. Have students discuss orally and/or in writing the differences between "decriminalization" and "legalization" of a drug.
II. Reading/Literature A. Work Recognition/Vocabulary B. Comprehension 1. Distinguishes between fact and opinion 2. Examines the author's statements for truth or discrepancies and recognizes propaganda 3. Follows a sequence of ideas or events C. Work-Study Skills	1. Devise a fact/opinion worksheet. Have students read articles about drug use/abuse from current periodicals. Using the worksheet have the students list the facts and opinions under the proper headings. 2. Have students (selected) read *A Hero Ain't Nothin but A Sandwich* by Alice Childress and prepare a written discussion of the influence of environment on drug abuse. 3. Help students construct crossword puzzles using drug terms. Duplicate and distribute to the rest of the class.
III. Writing A. Expository, Narrative and Descriptive Writing Continues B. Argumentative Paragraphs C. Letter Writing	1. Prepare a dictionary of local slang terms. 2. Write letters to the editor for school or community newspapers identifying concerns of drug abuse. 3. Have students write argumentative compositions based on the following titles: a. Over-the-counter drugs should/should not be under Government control. b. Television commercials encourage drug misuse. c. A real friend will not "turn me on" to drugs. d. The current anti-smoking laws are an infringement on individual rights.

GRADE ELEVEN

OBJECTIVE: By the end of the eleventh grade, the student should be able to demonstrate his knowledge of the place drugs have had in the history of America and the influence of drugs on today's culture.

Content	Learning Activities
I. Listening/Speaking *(See narratives, History of Drug Use and Abuse and Social Implications of Drug Abuse, pp. 80-118)* A. Refines Group Discussion Techniques B. Practices Formal Speaking C. Gains Information	1. Have students prepare a panel discussion with the present drug culture as the subject. Use the forms of media (literature, music, and art) for emphasis. Students may also write and present three-minute speeches on this. 2. Have students listen to, analyze, and discuss, either orally or in writing, drug-related music and poetry in relation to the following questions: a. What type drugs are being discussed? b. Is the song or poem "pro" or "con" drugs? c. What is the reasoning behind the song or poem? (Some suggested songs) (1.) "Lucy in the Sky with Diamonds" (2.) "Cocaine" (3.) "Keep the Customer Satisfied" (4.) "The Only Living Boy in New York" (5.) "Yellow Submarine"
II. Reading/Literature A. Word Recognition/Vocabulary 1. Increases skill in handling prefixes, suffixes, and roots with help from Greek and Latin derivatives. 2. Expands both general and technical vocabularies. 3. Recognizes persuasive words and is aware of their possible influences. B. Comprehension 1. Evaluates the author's point of view. 2. Finds reasons for events and actions in narrative and expository material. 3. Draws analogies based on reading. C. Work-Study Skills	1. Read novels or short stories about drugs. Refer to Appendix, p. 173 for list of suggested novels. Keep student journals for reaction to readings. 2. Select several short stories that have characters exhibiting negative behaviors. Have students read the selections, identify the negative behavior and in paragraphs suggest alternative behaviors based on their own values. 3. Have selected students read *Dr. Jeckyl and Mr. Hyde* and provide a class discussion of the effects of drug misuse on one's personality. 4. Have students read a biography of Edgar Allen Poe and evaluate the effects of drug use on his life and writings. 5 Read optionally from novels or short stories about drugs. Refer to the Appendix, p. 173, for a list of suggested novels.

Content	Learning Activities
III. Writing A. Expository, Narrative and Descriptive Writing Continues B. Personal Interest Writing 1. Personal Essay 2. Journal 3. Diary 4. Critical Review 5. Interview 6. Newspaper Article 7. Poem 8. Play 9. Epigram	1. Have students write proverbs patterned after those found in Franklin's *Poor Richard's Almanac*. These saying would reflect areas of drug use/abuse. 2. Compile a list of American writers who have been connected with drugs in some way. Have the students choose a writer from the list to research as to the part drugs played in his life. 3. Any of the forms of writing listed under "B" in the content side could be adapted to an exercise dealing with drugs.

GRADE TWELVE

OBJECTIVE: By the end of the twelfth grade, the student should be able to demonstrate his skills in searching for information. This demonstration usually occurs through successful completion of the evaluation of information, organization of information, and effective presentation.

Content	Learning Activities
I. Listening/Speaking A. Refines Analytical Listening Skills B. Participates in a Variety of Oral Activities 1. Group discussions 2. Debating 3. Panel discussions 4. Symposium 5. Improvisation 6. Role-playing 7. Oral interpretation	1. Ask resource person to come talk to your students about some area of drug use/abuse (a policeman, doctor, psychologist, social worker, minister, former drug user—be careful with this one, but could be done if handled well). Tell your students they will be responsible for taking notes during the talk and that there will be a quiz to see how acute their listening skills are. 2. Have the students formally debate some aspect of drugs. 3. Have students volunteer to select a poem, story, song, or sketch concerned with drugs and present it to the class.
II. Reading/Literature A. Word Recognition/Vocabulary B. Comprehension 1. Writes in one's own words a good outline or summary of the selection read. 2. Relates own experiences to what the author has stated. 3. Applies materials read in the solution of problems. C. Work-Study Skills	1. Have students read those articles concerning drug use/abuse in current periodicals and write summaries of each. Emphasize the importance of being able to state the thesis of an article in one's own words. 2. Have students read literary selections that have drug use/abuse as a part of the work. Ask the students to write a short paper responding on a personal level to the author's stance on drugs. 3. Optional reading from novels or short stories about drugs. Refer to the Appendix, p. 173, for a list of suggested novels.
III. Writing A. Expository, Narrative, and Descriptive Writing Continues 1. Refining techniques. 2. Using literature and personal experiences as sources of ideas on human issues and values. B. Writes Other Documents According to Personal Interests and Needs 1. Literary Analysis 2. Journal 3. Dialogue 4. Research paper 5. Essay 6. Newspaper Story 7. Editorial 8. Music Review	1. Have students write a character sketch of an artist, author, playwright, or poet in the past or present who abused drugs (i.e., Coleridge). 2. Have students select a character from a story who has abused drugs (i.e., Sherlock Holmes) and write an expository theme. 3. Have students write a paper on "Drugs in Sports." For some students a formal research paper could be in order while for others the research paragraph or essay would be best. 4. The research paper should be a tool in the teaching of drug education. All students should be required to submit at least one research paper.

SOCIAL STUDIES

An Introduction

Social studies is well adapted to the teaching of drug education because of its preoccupation with history and current events or happenings. Due to the impact of drugs on history, it is difficult to ignore their importance. The ideas in this section are to aid the teacher in becoming better informed onvarious drug aspects and better prepared to help students understand the facts about drugs. This is to be used as a supplement or enrichment to other subjects rather than as a regular course of study. These suggestions will enable teachers to use other avenues in educating students to the dangers that may be encountered through uneducated use of drugs. Drugs are an integral part of this society; but any drug, regardless of how harmless it seems, can be dangerous when misused. The teacher is well advised to read the narratives carefully in order to become more knowledgeable about drugs.

BEHAVIORAL OBJECTIVES

Grades 7-9

By the end of the 7-9 grade section, the student will be able to:

1. Distinguish between use and abuse of drugs.
2. Compare drug use from early civilization to the modern era.
3. Cite laws concerning possession and sale of drugs.
4. Assess the reasons for and alternatives to the abuse of drugs.
5. Express, either through writing or discussion, factual information and/or personal views regarding drug-related topics.
6. Recognize the dangers while driving under the influence of drugs or alcohol and/or riding with someone under the influence.
7. Understand the destruction of families by drug abuse.

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GRADE SEVEN

SOCIAL STUDIES (World History, Introduction to the Social Sciences, The Individual and His Changing World)

Content	Learning Activities
I. Early Civilizations' Drug Uses *(See narrative, History of Drug Abuse, p. 80.) (Social Studies Course of Study—SSCS)* A. Sumerian tablet references to the "joy plant" believed to be the opium-producing poppy plant B. Coca leaves used as a stimulant by Inca and Aztec Indians C. Marijuana used by Chinese as anesthetic	1. Have the class prepare comparative time lines which could be placed on the classroom wall. Topic-usage of drugs by people of early civilizations: a. Mesopotamians b. Egyptians c. Persians d. Greeks e. Romans f. Chinese g. Japanese h. Indians (India) Compare dates, reasons for use, etc. 2. Find the first laws to regulate sale and use of opium. Add time line on opium to above class display. 3. Panel discussion: "Why and how did Aztecs and Incas use coca leaves as stimulants?" Conduct discussion as if they were the actual people relating their experiences. Student-made artifacts, such as peace pipes, could be used effectively.
II. First Century to 17th Century A. References by Marco Polo to the use of hashish by Hasan 1. Controlling his assassins 2. Achieving euphoria B. The Use of Opium 1. Using medicinally for relief of pain 2. Establishing opium dens C. The Use of Alcohol 1. Reasons for beer use in seasonal harvest celebrations 2. Use of wine in rituals 3. Wine and beer as important products of commerce D. The Use of Tobacco 1. Commercial importance 2. Medical importance	1. Explain the origin of term "assassin" as it was derived from Hasan's name; define euphoria. 2. On a bulletin board or transparency, make a list of medical uses of opium; discuss each. 3. Write a paragraph about how an opium den would probably look. Students may illustrate their concepts with posters, cartoons, collages, or murals. Historical pictures could be on display in class. 4. Compare present use of alcohol in rituals and harvest celebrations by various groups with those in the past such as Oktoberfest in Germany, wine festivals in France and Italy, and vodka celebrations in Russia. List reasons why wine and beer have remained important commercial products. 5. Explain commercial uses of tobacco during middle ages. 6. Contrast medical prescriptions in the 1500's of tobacco with that of today (i. e., tobacco dentifrice for toothaches, tobacco emetic for flatulence, tobacco leaf for sores, and smoke of tobacco for cough).

Content	Learning Activities
IV. The Growing Dependency of Individuals Upon Drugs Past to Present. A. Increasing use of mind-altering drugs in modern society. B. Lack of ability of an individual to cope with daily happenings. C. The effects of drug abuse.	1. Make graphs showing increasing usage of prescription and nonprescription drugs. 2. Have a pharmacist present a lecture on drugs and their dangers. 3. Prepare a bulletin board using information found in the pamphlet, "What Everyone Should Know About Drug Abuse." (Obtainable from the State Department of Education.) 4. Use skits to show alternatives to drug misuse. Situation: First day in a new school, you are frightened and are offered drugs to relax. How do you refuse drugs and how can you find alternative answers? 5. Prepare a case study of a drug abuser. This may be done with either of the methods below: a. Read a nonfiction book about drug users and prepare a scientific-type report on the individual. (One suggestion would be *Richie*.) b. Use a film, such as "Go Ask Alice," and have an in-depth study on her life. (Please preview any film before showing it to your students. Check with the State Department of Education about borrowing this film and others.) 6. Debate: Resolved, It is better to live in a society without drug restrictions.

Content	Learning Activities
III. Seventeenth Century to Modern Era A. Morphine derived from gum opium in 1804 B. The Opium War from 1840 to 1842. 1. Refusal of Chinese to allow British merchants to import Indian opium into China. 2. British victory. a. Continued importation of opium b. British received indemnity of $6,000,000 and rights to establish port of Hong Kong. C. The invention of the hypodermic needle by Charles Pravaz in France in 1853. 1. Used to facilitate morphine intake internally. 2. Morphine became more of a menace than opium. D. The development of heroin from morphine in 1874. 1. Beginning of commercial production of heroin in 1898 by the Bayer Company for the cure of morphine addiction. 2. The resulting ills of heroin addiction compared to morphine addiction; i.e., quicker addiction and more difficult to cure.	1. Make a chart of drugs made from opium and give ways they are abused. 2. Collect information on the Opium War between England and China. In discussing problems leading to the war and new problems created after the war, prepare a bulletin board divided into two parts: problems before and after. Discuss acupuncture as a substitute for opium use; both then and now. 3. Prepare a simulated program similar to "60 Minutes" on opium. Discuss items such as acupuncture, economics, and medicinal uses. 4. Write and present a skit on uses of opium, morphine, and heroin. 5. Prepare a "Meet the Press" program to interview Frederick W. A. Serturner, who derived morphine from opium. 6. Research two more drugs that have been developed for one purpose and subsequently used for another. 7. Trace the early use and meaning of the term "dope fiend."

Content	Learning Activities
I. Alabama Uniform Controlled Substances Act *(SSCS p. 7-8) (See narrative, Legal Aspects, p. 122.)* A. Pertinent sections of this Act related to drugs 1. Section 401: Offenses and penalties. 2. Sections 406-407: Distribution to persons under age 18. 3. Section 507: Pipes and paraphernalia.	1. Have students discuss the fines and penalties involved if convicted of these offenses. Include the extent of the penalties in regard to the number of offenses. 2. Illustrate civil liberties on bulletin board. Display and discuss which ones an individual would lose if convicted of drug possession. 3. Have students conduct a poll on the following topic, "Should a parent report a son/daughter who gives drugs to brother/sister under eighteen?" (Teachers should give guidance in the preparation of questionnaire to poll reactions of parents and students separately and compare results.) 4. Study and discuss penalties for distributing drugs to minors. 5. Provide copies of the Uniform Controlled Substances Act and let the students discuss pros and cons of the Act. 6. Topics for discussion a. Discuss the following topic: "persons present during a drug raid are not necessarily guilty and should not be treated as such." Refer to Sec. 507C of Alabama Uniform Controlled Substances Act. b. Alternative discussion: "the pipes and paraphernalia law is fair (or unfair)." 7. Collect clippings from newspapers and magazines concerning raids and trials involving drug traffic and place these on a current events bulletin board.
B. Legal Classification of Drugs 1. Schedule I: No medical use in United States (Sec. 203-204). 2. Schedule II: Current medical use with severe restrictions (Sec. 205-206). 3. Schedule III: Moderate physical or severe psychological dependence (Sec. 207-208). 4. Schedule IV: Limited physical or psychological dependence (Sec. 209-120). 5. Schedule V: Low potential for abuse (Sec. 211-212).	8. Study legal classifications of drugs and point out why certain drugs are placed in different schedules. (These classifications can be displayed on large posters.) 9. Make posters showing the physical appearance of some of the more common drugs and the slang terminology for these drugs.

Content	Learning Activities
II. Laws Regulating the Sale and Use of Alcohol and Tobacco *(See narratives, Alcohol, p. 88, and Tobacco, p. 103.)* A. Local ordinances regulating the sale and use of alcohol and tobacco. B. State laws related to alcohol and tobacco. C. Federal laws controlling the sale, use, and misuse of alcohol and tobacco.	1. Have students contact local agencies concerning laws on the sale of alcohol and tobacco. 2. Ask a prominent local attorney or judge to speak on the importance of strict control of certain drugs. 3. Have a local law enforcement officer come in to discuss statistics and charts on accidents occurring while driving under the influence of alcoholic beverages. What percentage of young people are perpetrators and/or victims in these accidents? (Caution must be taken with this activity since negative attitudes toward law enforcement officers may have already developed among 8th grade students. It may be wise for the teacher to discuss the class attitude with the law enforcement officer before he speaks to the class.) 4. Have students write to the State ABC Board for information about the regulation of sale of alcohol and discuss how local effort is coordinated with State effort. 5. Debate: Resolved, Cigarette dispensers should be removed from places frequented by teenagers.

Content	Learning Activities
III. Classification of Crimes A. Definition of a misdemeanor 1. Meaning of a misdemeanor conviction 2. Misdemeanor conviction restrictions B. Definition of a felony 1. Importance and meaning of a felony conviction 2. Restrictions on the felon C. Possible consequences of drug convictions 1. Local consequences 2. School consequences	1. Construct a bulletin board illustrating the classification of crimes for use in classroom discussion. 2. Define misdemeanor and felony. What is the difference in the two terms and penalties that go along with each one? 3. Study the laws of your particular community to ascertain which vocations and professions are closed to convicted drug users. 4. Interview someone in your school administration concerning school laws pertaining to drug abuse.
IV. Enforcement for Control of Drug Abuse A. Some local forces controlling drug abuse 1. Municipal police 2. County sheriff B. Drug abuse curtailed by some State agencies 1. Department of Public Safety 2. Department of Public Health 3. Alcohol Beverage Control Board 4. State Attorney General C. Federal agencies controlling drug abuse 1. Justice Department a. Drug Enforcement Administration b. Federal Bureau of Investigation 2. Treasury Department a. Alcohol, Tobacco, and Firearms Division b. Bureau of Customs c. United States Coast Guard D. Fourth Amendment-Search and Seizure	1. Invite members of the law enforcement agencies to speak on the subject of crime, law enforcement, and respect for the law in the community. (Again, caution must be taken with this activity since negative attitudes toward law enforcement officers may have already developed. The teacher may want to discuss the class attitude with the law enforcement officer before he speaks to the class.) 2. Discuss the topic: "It is not the duty of the United States Government to help the drug addict become a useful citizen at the expense of the taxpayer." 3. Divide the class into groups. Have each group do research on the topics below under the Federal Food, Drug and Cosmetic Act of 1938. Compare the 1938 Act with the present Act. a. Drug definition b. Standards for manufacturing drugs c. Misbranded and counterfeit drugs d. Drugs and interstate commerce e. Differences between prescription drugs and over-the-counter drugs. 4. Show film, "Juvenile Offender Delinquency." Available from the Motorola Teleprogram Center, Inc., 4825 N. Scott St., Schiller Park, Ill. 60176. 5. Research the reasons the writers of the Constitution felt that Amendment IV was necessary. 6. Contact a lawyer and ascertain if state laws are different from federal search and seizure laws.

GRADE NINE

SOCIAL STUDIES—ALABAMA HISTORY

Content	Learning Activities
I. Drugs Used in Colonial/Settlement Period *(See narratives, History of Drug Use and Abuse, p. 80.)* A. Religious uses of drugs and alcohol 1. Indians use of "black drink" and peyote 2. French and Spanish use of wine 3. Early use of tobacco B. Economic uses of drugs and alcohol 1. Trading with Indians 2. Slave trade C. Medicinal uses 1. Preventive uses 2. Corrective uses 3. Relaxation D. Sources of drugs 1. Natural sources 2. Trade with Indians 3. Medicine shows	1. Research the religious significance of the Indian use of "black drink" and the purpose of wine in Catholic ceremonies. 2. Write reports on peyote use in religious rites. 3. Find and explain to class the ingredients of medicine show elixirs. 4. Prepare a map showing trade routes from the gulf to the mountains. 5. Interview some older people about superstitions and home remedies. *Foxfire* is a good resource book for this activity. 6. Stage a medicine man show.
II. Drugs used from 1776 to the Present A. Economic 1. Marijuana as hemp industry 2. Tobacco crops 3. Breweries and distilleries B. Medicinal uses 1. Preventive 2. Corrective 3. Relaxing C. Sources of drugs 1. Natural 2. Pharmaceutical 3. Illicit	1. Research marijuana from its earliest beginnings in Alabama to its taxation, demise in the 1930's, revival in the early 60's, and continued gain in status in the 70's. Discuss possible reasons for the change in public opinion. 2. Debate: Resolved, America would have a depression if tobacco was made illegal. 3. Trace the steady growth of breweries and distilleries in America. Explain how this growth has both helped and hindered the U.S. economy. 4. Write to pharmaceutical companies asking for numbers and types of drugs and the relationship in members in the past decade.

Content	Learning Activities
I. Alcohol Abuse *(SSCS p. 8-9) (See narrative, Alcohol, p. 88.)* A. Physical effects 1. Effects of alcohol upon drivers a. Dangers of driving b. Dangers of riding with drinking drivers B. Psychological effects 1. Reaction time 2. Euphoric state 3. Personality change	1. Role play scenes illustrating the methods of saying "No" to drinking and/or driving with someone who is drinking. Stress how to keep someone from driving who is drinking. 2. Keep notebook on the following: a. Current laws b. Accidents caused by alcohol c. Medical findings on alcohol d. Special articles about alcoholism e. Alcoholics Anonymous and Alateen f. Help for the alcoholic 3. Prepare graphs showing changes in reaction times before and after drinking (Health Depts. or Drug Education can supply this information). 4. Have a psychologist, psychiatrist, or drug counselor present a lecture on personality changes brought about by drinking. 5. Film: "Drugs, Drinking, and Driving" (This can be obtained through the State Department of Education.) 6. Value Voting—Rules: (a) favor-hands above the head, (b) against-hands down, (c) strongly favor-waving hands above the head, (d) undecided-hands folded across the chest, and (e) strongly against-hands in fists in front of body. HOW DO YOU FEEL ABOUT: 1. Driving after 1 drink; 2 drinks; 3 drinks; etc. 2. Driving after 1 beer; 2 drinks; 3 drinks; etc. 3. Felony punishment for DWI manslaughter 4. Decriminalization of marijuana 5. Legalization of marijuana 6. Search and seizure laws

Content	Learning Activities
II. Drug Abuse (This topic should be taught and discussed as current happenings or incidents determine. Never lose a chance to discuss drug abuse with students.)	1. Read at least one weekly news magazine and summarize relevant articles. 2. Any newspaper articles concerning drug "busts" or new legislation regarding drugs can be used on a Current Events Bulletin Board.
III. Civil Defense A. Drugs and civil disorders	1. Investigate the relationship between drugs and the riots of the 1960's. 2. Discussion: what is involved in being a law enforcement officer? 3. Write a report on the action students should take and the action they think they would take if they observed drugs being sold on campus by a friend or to a friend.

BEHAVIORAL OBJECTIVES

Grades 10-12

By the end of the 10-12 grade section, the student will be able to:

1. Chart the use of drugs in the world and in the United States.
2. Chart the development of drug laws and the economic impact of drugs on our society and economy.
3. Know current drug laws and penalties for offenses.
4. Know the penalties for drug abuse in communist countries.
5. Discuss the uses and abuses of various tobaccos.
6. Demonstrate the degenerative effects of drugs on society.

GRADE TEN

SOCIAL STUDIES—WORLD STUDIES (Elective)

Content	Learning Activities
I. Drug Use in Ancient History *(SSCS, p. 28) (See narrative, History of Drug Use and Abuse, p. 80.)* A. Sumerian references through trading B. Egyptian references C. Indian references through trading D. Chinese references 1. Trading 2. Medical value E. Greek and Roman references 1. Homer 2. Hippocrates 3. Dioscorides	1. Chart the travel routes of the Sumerians on a world map. 2. Draw pictures of your conceptions of early Egyptian breweries. 3. Write a medical report describing the medicinal qualities of drugs as if it was done by the Emperor Shen Nung. 4. Research drug references in the works of early Greek and Roman authors.
II. First Century to Age of Discovery A. Use of cannabis B. Marco Polo C. Use of opium 1. Pain reliever and sleep-inducer 2. Aid to coughing and diarrhea D. Use of tobacco 1. Indian usages 2. Jean Nicot 3. Sir Frances Drake 4. Jamestown	1. Show on a world map the extent of Polo's travels. 2. Construct a model of the water pipe used with opium. 3. Research the myths concerning the medicinal qualities of tobacco. 4. Chart the economic influence of the tobacco trade.
III. Age of Discovery to the Present A. Use of alcohol as a medium of exchange *(See narrative, Alcohol, Narcotics, p. 88-94.)* 1. Early sailors 2. Railroad workers B. The Opium War 1. Establishment of Hong Kong C. War Between the States 1. Growing problem of drug addiction 2. Development of traveling medicine shows D. Twentieth Century problems *(See narratives, The Value of Drugs, Treatment and Rehabilitation, p. 110-127)* 1. Extensive use of drugs by a younger segment of the population 2. Degenerative effect on society	1. Debate: Resolved, Man has always used drugs and probably always will; consequently, they must be good. 2. Write a report on the history of Hong Kong, including its present government and commerce. 3. Act as an investigating reporter covering the drug situation in a specific period. Write a series of news articles and put in the form of a newspaper. 4. Contact a drug rehabilitation specialist and outline the steps an addict must follow for rehabilitation. 5. Show on a bulletin board some of the side effects of drug abuse, such as family breakdown.

GRADE ELEVEN

SOCIAL STUDIES—UNITED STATES HISTORY

Content	Learning Activities
I. History of Drug Use in the United States *(SSCS, p. 9-10). (See narrative, History of Drug Use and Abuse, p. 80.)*	1. Creatively depict (through posters, skits, collages, etc.) the use of peyote and tobacco by the Indians and find how their use of these contributed to modern medicine.
A. Precolonial use of drugs in North America 1. Indian use of tobacco 2. Indian use of peyote	2. Research, construct, and discuss a time line based on the history of the use of peyote and the native American religion.
B. Drug use increase in Colonial and Revolutionary periods 1. John Rolfe and the curing of tobacco in Jamestown 2. Growing of marijuana for hemp by prominent Americans such as George Washington and Thomas Jefferson 3. The practice of using snuff	3. Have a student portray John Rolfe and give convincing arguments as to why the English crown would benefit from the sale of tobacco. Have a class member portray King James and others be members of the court. 4. Compare reasons for growing marijuana during the Colonial period and today. 5. Debate: Resolved, that the physical and psychological effects of marijuana are no worse than those of alcohol and tobacco.
C. Drug use increase during the Civil War and Reconstruction periods 1. Use of the hypodermic needle to administer morphine 2. Increased use of morphine and "the soldier's disease"	6. Make a drug information resource center for the classroom or library. 7. Have students write to a snuff or tobacco company inquiring about the history of that company or the production of snuff and tobacco in the United States. 8. Conduct an on-the-spot news report of soldiers returning from the War Between the States who have acquired "soldier's disease" (morphine addiction).
D. Drug use increase during 20th Century wars and conflicts. *(See narrative, Pharmacology of Abused Drugs and Toxic Substances, p. 88.)* 1. Increased use of alcohol, tobacco, and narcotics during World War I and World War II. 2. Increased use of hallucinogens (mind-expanding drugs) from the 60's.	9. Project: from research show how drug abuse has increased during the following wars: 1. Civil War 2. 1st and 2nd World Wars 3. Korean Conflict 4. Vietnam Conflict 10. Have students prepare a report on the topic, "What Did the Civil War and the Vietnam War Have in Common?" (see Appendix, p. 175) 11. Research the nature and extent of the Army's rehabilitation program following the Vietnam Conflict. 12. Invite a veteran of Vietnam to discuss the drug problems that he witnessed during his tour of duty.
E. Commonly abused synthetic drugs developed during modern times 1. Barbiturates 2. Amphetamines 3. Aspirin 4. Tranquilizers 5. Others	

Content	Learning Activities
II. Rise of Known Drug Abuse in 20th Century *(See narratives, The Value of Drugs, Treatment and Rehabilitation, pp. 110-127.)* A. Socioeconomic conditions having an impact on the rise of drug abuse 1. Prohibition 2. Urbanization 3. Improved communication and transportation 4. Rise in family affluence resulting in more money for family members 5. More leisure time 6. Availability of drugs B. The drug culture of today as an influence on society 1. Influence on music 2. Influence on the movie and television industries 3. Influence on literature 4. Influence on art 5. Influence on the family	13. Through group work, investigate history of drug companies and report to class. Tell how these drugs can be abused. 14. Invite a pharmacist to speak to class about dispensing prescriptions and restrictions placed on him. 1. Divide class into groups and have each group read a biography on one of the leaders of the Temperance Movement. Let each group present information to class. Let class make selection of the most unusual and interesting method of presentation. 2. Play "Jeopardy" game with questions taken from the Temperance Movement and the Prohibition Period. (Any popular quiz show format could be adopted.) 3. Have students write, direct, and produce their own play on prohibition and a raid on a "speak-easy." This could be presented to the school or taped for an ETV show if a station is near. Students should make their own props, costumes, etc. 4. Use "Drug Simulation Game: Community at the Crossroads" from the Social Seminar (role playing). Available from: Drug Education, State Department of Education. 5. Role Play: A father has just found a supply of marijuana. (See appendix, p. 174.) 6. Carefully research urbanization, improved communication, transportation, the rise in family affluence, and leisure time. Tell how these things have had an effect on the rise in drug traffic and abuse. 7. List reasons why drugs are used in each socioeconomic class. This could be displayed on bulletin boards or charts. 8. Listen to drug-oriented songs and discuss the growing influence these have on the drug culture. 9. Analyze contemporary movies, T.V. shows, and literature and tell their growing influence on the drug culture.

Content	Learning Activities
	10. Show film: "The Answer is Understanding." Available from Drug Education, State Department of Education. 11. Research and report on formation of drug communes and their impact on society (the Manson family). Source book, *Helter Skelter*.

GRADE TWELVE

SOCIAL STUDIES—UNITED STATES GOVERNMENT

Content	Learning Activities
I. Laws Pertaining to Drug Control *(See narrative, Legal Aspects, p. 122 SSCS, p. 10-11).*	
A. Laws pertaining to drug control 1. San Francisco City Ordinance, 1875 2. Pure Food and Drug Act, 1906 3. Harrison Narcotic Act, 1914 4. Narcotic Drugs Import and Export Act, 1922 5. Federal Bureau of Narcotics, 1930 6. Narcotic Addict Rehabilitation Act, 1966	1. Keep scrapbook of news articles on drugs. Tabulate the number of writings that pertain to laws, raids, court cases, etc. 2. Conduct a mock trial involving violations of the Harrison Act. 3. Draw an editorial cartoon or make a poster on one drug control law. 4. Find a news article pertaining to a drug-related court case and ask students to react to judgement rendered. 5. Write a research paper on early laws concerning drugs and explain why it is necessary to repeal laws and make new ones.
B. Other federal, state, and local drug laws designed to control drug abuse 1. Federal Comprehensive Drug Abuse Prevention and Control Act, 1970 a. Title I—Deals with rehabilitation programs and educational programs. b. Title II (Controlled Substances Act) (1) Standards and schedules, authority, and criteria for classification of controlled substances. (2) Registration of manufacturers, distributors, and dispensers of controlled substances. (3) Offenses and penalties. (4) Administrative and enforcement provisions. (5) Establishment of advisory commission on marijuana and drug abuse.	1. Make a chart showing federal, state, and local drug laws for reference during the study of drugs. 2. Visit a court session to observe a trial on a drug violation. 3. Have someone with legal expertise explain the duplication in federal and state laws, including in the explanation that federal law will take precedence over state law. 4. Discuss the question, "Is a person responsible for a crime committed while under the influence of drugs?" 5. Conduct in class a legislative session trying to pass a bill to legalize marijuana. Include in the activity the introduction of the bill, assignment to committee, debate of the bill as it comes to the floor, and the final vote.
2. Fourth Amendment-Search and Seizure a. Illegal b. Legal (1) Warrantless search (2) Consent search 3. Alabama Temperance Act, 1927	6. Research a recent decriminalization of marijuana in such states as California, Oregon, Mississippi, etc., and the legalization of marijuana as medication. 7. Use *Our Legal Heritage* case studies to show the difference in legal and illegal searches (specific case: Wong Sun versus United States).

Content	Learning Activities
4. Alabama Uniform Controlled Substances Act, 1971 a. Sections (1) Section 401: Offenses and Penalties (2) Section 406: Distribution to Persons Under Age 18 (3) Section 507: Pipes and Paraphernalia b. Legal classification of drugs (1) Schedule I: No medical use in United States (2) Schedule II: Current medical use with severe restrictions (3) Schedule III: Moderate physical or severe psychological dependence (4) Schedule IV: Limited physical or psychological dependence (5) Schedule V: Low potential for abuse	8. Divide class into small groups and assign each group the task of researching the law pertaining to one particular section of the Uniform Controlled Substances Act of 1971. Each group will prepare a report, assuming roles of the drug pusher, contact people, users, minors who may be users, and nondrug users who may be present at the time of the raid. 9. List some drugs that were outlawed for medical use and explain why. For example: heroin, tobacco, etc.
5. Local statutes regarding sale and possession of drugs a. City and county ordinances regarding sale and possession of volatile substances such as airplane glue and aerosol sprays b. City and county ordinances regarding the sale and possession of alcohol and tobacco	10. Investigate city and county drug laws and lead a class discussion concerning the possession and sale of the following: a. Volatile substances b. Marijuana c. Alcohol d. Tobacco 11. Invite to your class a panel composed of a lawyer, law enforcement officer, and pharmacist to discuss local drug laws and any restrictions that might affect each of them in their work.
II. Classification of Crimes A. Definition of a misdemeanor 1. Meaning of a misdemeanor conviction 2. Misdemeanor conviction restrictions B. Definition of a felony 1. Importance and meaning of a felony conviction 2. Restrictions on the felon	1. Participate in a group discussion answering the following question: "What changes would you make in the present laws or what new laws would you make to control more effectively the misuse of drugs and other substances? Why?" 2. Discuss professions that are closed to the convicted felon.

Content	Learning Activities
III. Agencies Assume Responsibility Relative to the Control of Drug Abuse A. International organizations control world traffic of misused drugs 1. International Drug Commission, 1909 2. League of Nations Health Organization 3. United Nations World Health Organization	1. Construct a time line summarizing the international agreements which have been negotiated to suppress traffic in illegal drugs. 2. List international organizations which exist for the control of narcotic drugs and discuss briefly the activities of each organization. 3. Cite the major international sources of narcotic drugs which reach this country illegally.
B. Federal agencies curtail the misuse of drugs 1. Justice Department a. Drug Enforcement Administration b. Federal Bureau of Investigation 2. Treasury Department a. Alcohol, Tobacco, and Firearms Division (ATF agents) b. Bureau of Customs c. United States Coast Guard	4. Examine and discuss activities undertaken by agencies of the United States Government to suppress illegal traffic in narcotics. 5. Write letters to congressmen to find out what, if any, changes in drug laws are being proposed in the present session of Congress. 6. Research and report to class regulations placed on advertising drugs and tobacco. Ask the class if they feel these regulations are necessary. 7. Research the Drug Enforcement Administration to ascertain the agencies involved and the functions performed by these agencies. 8. Draw and collect cartoons illustrating different methods used to smuggle drugs into the United States.

Content	Learning Activities
C. State agencies control drugs that can be abused 1. Department of Public Safety 2. Department of Public Health 3. Alcohol Beverage Control Board 4. State Attorney General D. Local officials enforce ordinances related to drug control 1. City police 2. County sheriff 3. Juvenile judge	9. Have a symposium on the role of State agencies in the control of drug abuse. 10. Collect materials from State agencies and prepare a bulletin board displaying these materials. 11. Interview or invite a police officer to describe handling of narcotic problems in the community. Conduct a school or class survey to discover extent of drug abuse. (Caution should be exercised in inviting an officer as students may have preexisting negative attitudes toward law enforcement, especially in drug-related areas.)
IV. Comparison of United States Laws Regarding the Sale and Possession of Illegal Drugs to Drug Laws in Foreign Countries A. A comparison of the drug laws of the following western hemisphere countries to the drug laws of the United States 1. Canada 2. Central American countries 3. South American countries B. A comparison of the drug abuse laws of the following eastern hemisphere countries to the drug laws of the United States 1. European countries 2. Asiatic countries 3. Mid-East countries 4. African countries	1. Write foreign embassies requesting information about drug laws regarding the sale and possession of illegal drugs and do the following: a. Report the findings to class for discussion and comparison. b. Illustrate comparisons with charts, graphs, tables, exhibits, posters, cartoons, and pupil-made transparencies. 2. Report on drugs used in other countries that are currently banned in the United States, such as Laetrile.

GRADE TWELVE

SOCIAL STUDIES—COMMUNISM

Content	Learning Activities
I. Control of Drug Abuse in Communist Countries	1. Divide class into groups. Prepare reports on ways communist countries control drug abuse. Assign groups different countries (USSR, Red China, Poland). 2. Compare/contrast United States legislation regarding drugs with that of a communist country. 3. Find these countries on the map and give governing regulations on legal and illegal importation of the opium derivatives into the United States: a. Turkey b. Iran c. Yugoslavia d. India e. China
II. Idealogy of Communism Related to Drug Abuse A. As a deterrent B. As an influence	1. Compare and contrast communist and democratic idealogies. Debate: Resolved, communism as an ideology is more of a deterrent to drug abuse than democratic ideology.

GRADE TWELVE

SOCIAL STUDIES—ECONOMICS

Content	Learning Activities
I. Impact of Drug Use on the American Economy *(See narratives, The Value of Drugs, Drug Advertisement and Promotion, p. 110-120.)*	1. Have students prepare and conduct their own news program. They can use the news articles, surveys, and interviews listed in the activities below for their news. Filming could be done with a home movie camera and the sound taped on a cassette. Slides could substitute for a movie. Students should develop their own commercials, preferably on a product they invent.
A. Revenue derived from the sale of alcohol, tobacco, and other drugs in national, state, and local economies	2. Construct a percentage graph showing amount of revenue derived from the following sources: alcohol, tobacco, and other drugs.
1. Use of revenue for schools	3. Research and report the programs which would suffer if there were no alcohol and tobacco revenues. Example: mental health, education, public recreation, etc.
2. Use of revenue for other humanitarian projects	4. Using student-made graphs, transparencies, or bulletin boards, show the economic impact of drug abuse. This information could then be presented to the class by the students.
	5. Discuss the extent of the drug abuse problem in your local community.
	6. Essay: Resolved, counties refusing to legalize the sale of alcohol should not receive an equal share of revenue obtained from their sale.
B. Employment provided by tobacco, alcohol, and pharmaceutical industries	7. Construct a graph that shows the percentage of persons who work in drug-related industries (alcohol, tobacco, and pharmaceutical).
	8. Research the economic impact if one of the industries closed.

Content	Learning Activities
C. Contributions by the drug industry to charitable, educational and other worthwhile organizations and agencies	9. Construct a graph which shows the amount of drug revenue allocated to charity, education, or other worthwhile organizations and agencies.
D. Drug advertisement and promotion *(See narrative, Drug Advertisement and Promotion, p. 120.)*	10. Discuss various techniques that are used in the advertising of drugs. Interview persons concerned with the news media to estimate the cost of advertising. 11. Observe T.V. commercials concerned with drugs. Analyze the differences between what is stated in the commercial and what appears on the label. 12. Write and present a public service message to your younger brother/sister which would reinforce positive attitudes. 13. Discuss common appeals made in advertising of drugs. 14. Discuss effects of advertising on the public. 15. Analyze advertisements specifically for the following types of information: a. Misleading b. Untrue c. Truthful d. Exaggerated e. Factual 16. Class discussion: Drug abuse would not be as much of a problem if there were less advertisement in the news media.
II. Impact of Drug Abuse on the American Economy A. Drug abuse as a liability to society 1. Treatment 2. Rehabilitation	1. Conduct a symposium discussing the pros and cons of using the taxpayer's money for the purpose of treating and rehabilitating the drug addict. 2. Discuss whether teachers should counsel students who are known drug abusers or refer them to the guidance counselor, principal, parents, or local law enforcement agency. 3. Collect news articles which deal with the cost of treatment and rehabilitation. Make a booklet, bulletin board, etc., with these articles.

Content	Learning Activities
B. The effects on industry due to alcohol and other drugs of abuse 1. Loss of production 2. Accidents on the job	4. Conduct a survey of local industries as to what percentage of workers are absent from work due to an excessive use of alcohol. How many are absent due to accidents on the job? (Cite individual interviews with employers.) Using graphs and charts, present to class for evaluation of data. 5. Interview a businessman to find out how he deals with problems of drug abuse in industry.
C. Cost of crime accompanying drug abuse *(See narrative, Measurable Social Costs of Drug Abuse, p. 115.)* 1. Cost to individuals a. Theft b. Injury 2. Cost to society a. Increased law enforcement costs b. Cost of keeping convicted drug offenders in jail	6. Do research on how much money a hard-core addict needs to support his habit. 7. Check with local police officers as to what percentage of crimes are drug related. 8. Let students do research and conduct case studies concerning injury to the individual that may result from drug abuse and addiction. 9. On a large state map pinpoint areas where most drug-related arrests occur. Discuss the possible reasons for the apparent large number of violations in these areas. 10. Debate: Resolved, that the penalty for using drugs illegally should be greater because the expense of securing additional law enforcement officers and the expense of keeping offenders in jail place a tremendous financial burden on the taxpayer. 11. Panel discussion: (a) Buying street drugs may be considered unwise economics. (b) There is a great danger in buying street drugs.

BEHAVIORAL OBJECTIVES

By the end of one two-semester course, Behavioral Science students will be able to:

1. Explain the meaning of the statement, "Ours is a drug-oriented society."
2. Illustrate in what ways drug use may be related to personal problems.
3. Discuss the similarity and difference between dependence upon drugs and addiction to drugs.
4. Point out both positive and negative effects of drugs, tobacco, and alcohol on human reproduction.
5. Discuss recent findings on the effects of smoking on health.
6. Evaluate the findings of the alcohol research studies and discuss their implications.
7. Recognize the effects of drugs on the learning process.
8. Understand an individual's social environment and develop methods of dealing with their environment.

Content	Learning Activities
I. Over-the-Counter Drugs Common to Our Daily Life A. Cosmetic drugs B. Other non-prescription drugs	1. Brainstorming—List all drugs you and your family used today. Record or place on chalkboard. 2. Grab bag homework assignment—Each student will draw one of the drugs mentioned from a grab bag and research the positive and negative effects of that drug.
II. The Drug Abuser A. Non-medical physical reasons for abusing drugs 1. Combat fatigue and depression 2. Increase alertness 3. Relieve pain 4. Increase physical performance B. Non-medical and social and emotional reasons for using drugs: 1. Achievement of euphoria 2. Peer pressure 3. Curiosity 4. Ritual and mystical experiences 5. Rebellion against authority 6. Reality escape 7. Recreation	1. Case studies—Students working in buzz groups will analyze the studies and report to the class personal problems as they relate to drug use. 2. Resource person or film—Contrast drug dependence and drug addict. 3. Three open-ended skits—One each on alcohol, tobacco, and drugs—followed by class discussion with alternatives to drug use listed on chart paper and hung on wall. The role players will buzz together and then complete their skit.
III. Comparison of Drugs A. Nonprescription drugs 1. Caffeine 2. Nicotine 3. Alcohol 4. Aspirin, etc. 5. Oral contraceptives 6. Others B. Prescription Drugs 1. Amphetamines 2. Barbiturates 3. Tranquilizers C. Illegal Drugs 1. Marijuana (THC or Hash) 2. Heroin 3. LSD 4. Phencyclidine (PCP or angel dust) 5. Peyote 6. Mescaline	1. Prepare a resource center with pamphlets on drugs. Contact Drug Education, State Department of Education, for free information on drugs. 2. Invite a resource person (police officer, M.D., nurse, or other) to visit class to answer questions which have been compiled and screened by student groups. These questions will be delivered to the resource person prior to his/her visit.

Content	Learning Activities
IV. Side Effects of Drug Abuse A. Physical 1. Dependence/addiction 2. Effects on sex drive 3. Chromosome damage 4. Effect on blood pressure and heart B. Psychological 1. Loss of inhibitions 2. Change of attitudes 3. Other	1. Using beads, slides, overhead projector or any other available visual aides, review basic genetics as related to misbehaving genes affected by drug abuse. 2. Show film on birth defects available from March of Dimes or Drug Education Resource Center. 3. Let students prepare choice cards concerning such items as found in A and B content for IV. Each card will have at least two choices. Each student will select a card, make a choice, and give the class the reason for the choice. 4. Student assignment—Write a paper telling your own philosophy of drug use and abuse. 5. Report on the effect on an addict's family economically and emotionally. 6. Conduct buzz session on "What constitutes a healthy personality?" 7. Have advanced students attempt to construct a crossword puzzle using drug terminology. 8. Value Choosing—Which job would be harder for you: a. a prison guard b. a welfare inspector c. a municipal judge d. a member of a narcotic squad

SCIENCE

An Introduction

Several points need to be made about this guide to help teachers of science teach drug education. Most importantly, any teacher can successfully help students understand and approach drugs with well-reasoned attitudes. Second, the teacher is well advised to read the narratives carefully in order to become knowledgeable about drugs. As always, for more detailed listings of study skills the teacher should refer to the State Course of Study. Finally, any teacher who finds particularly useful activities for drug education introduction which are not in this sourcebook is requested to send them to the Drug Education office in Montgomery in order that they may be considered for inclusion in later editions of the Drug Education Guide. AGAIN, A READING OF THE NARRATIVES WILL QUICKLY INFORM YOU ABOUT DRUGS SO THAT YOU MAY IN TURN INFORM YOUR STUDENTS. You could be their only source for this important information.

BEHAVIORAL OBJECTIVES
Grades 7-12

By the end of the 12th grade, the student will be able to:

1. Distinguish between use and abuse of drugs.
2. Compare drug use from early civilization to the modern era.
3. Cite laws concerning possession and sale of drugs.
4. Identify treatment and rehabilitation programs available to the drug abuser.
5. Assess the reasons for and alternatives to drug abuse.
6. Describe the various types of drugs and identify characteristics of the drug abuser.
7. Express through writing or discussing factual information and/or personal views regarding drug-related topics.
8. Analyze the psychological and physiological effects of drug use on the body.
9. Demonstrate the effects of alcohol and drugs on the driver.
10. Discuss in depth the various treatment and rehabilitation programs available to the drug abuser.
11. Chart the development of drug laws and the economic impact of drugs on our society.

GRADE SEVEN

SCIENCE

Content	Learning Activities
I. Sources and Descriptions of Various Types of Drugs with Emphasis on Those Derived from Plants. *(Science Course of Study—SCS—p. 94, II C) (See narratives, History of Drug Use and Abuse, Pharmacology of Abused Drugs and Toxic Substances, pp. 80-107)* A. Volatile substances such as aerosol sprays, glues, gasoline, etc. B. Stimulants such as amphetamines, cocaine,* etc. C. Depressants such as barbiturates, tranquilizers, etc. D. Hallucinogens such as marijuana,* LSD, mescalline,* etc. E. Narcotics such as the opiates, synthetic opiates, etc. F. Beverages such as tea,* coffee,* alcoholic drinks,* etc. G. Tobacco* H. Antibiotics such as penicillin, streptomycin, etc. I. Other substances such as analgesics, antihistamines, antiseptics, vaccines,* etc. J. Phencyclidine or PCP "angel dust" * derived from plants	1. Discuss with students the nature, sources, and descriptions of various drugs. 2. "Have you read a good label lately?" Have students bring in over-the-counter drug labels and discuss contents. 3. Develop "Slang Dictionary" of terms used by local drug culture. 4. Make a "Question Box" for discussion topics. 5. Filmstrips: "The Drug Facts," 69-76. Drug Education, State Department of Education. 6. Film: "Weed," Concept Films, Inc., Drug Education, State Department of Education. 7. Make collage on problems of drug abuse. 8. Collect newspaper articles relating to drugs for student notebook or bulletin board.
II. Beneficial and Non-beneficial Uses of the Above Drugs. *(See narratives, The Value of Drugs, Social Implications of Drug Abuse, pp. 110-118)*	1. Have students prepare and present a commercial depicting the following: a. A sedative (under doctor's orders) to aid an insomniac. b. An aspirin commercial to cure aches and pains. c. An amphetamine to lose weight. 2. Research and write a report on alternatives to the drugs in #1 and make available to school library or media center. 3. Prepare a chart showing the beneficial and non-beneficial uses of drugs.
III. The Drug Abuser A. Non-medical physical reasons for abusing drugs 1. Combat fatigue and depression 2. Increase alertness	1. After observing and collecting medication advertisements (T.V., magazines, etc.), discuss: "In how many situations are medicines taken to combat an actual physical illness?"

Content	Learning Activities
3. Relief of pain 4. Increase physical performance B. Non-medical social and emotional reasons for using drugs 1. Achieve euphoria 2. Peer pressure 3. Curiosity 4. Ritual and mystical experiences 5. Rebellion against authority 6. Escape reality 7. Recreation C. Genetic effects of drug abuse *(SCS, p. 94, III B 2)* D. Identification of drug abusers 1. General changes a. Abrupt changes in attitudes and behavior (1) Irritability (2) Overactive or underactive (3) Loss of responsibility (4) Loss of touch with reality b. Changes in physical appearance (1) Watering eyes with constricted or dilated pupils (2) Excess nasal secretions accompanied by redness and rawness (3) Veins punctured or infections present if drug is injected 2. Identification of the "potential" alcoholic a. Skin changes b. Change of eating habits 3. Identification of the "habitual" tobacco misuser. *(SCS, p. 94, IV E)* a. Breath and clothing smell b. Nicotine stains on fingers or teeth 4. Identification of over-the-counter drug misuser. a. Pill popping (aspirin, etc.) during the day b. General discomforts expressed	2. Role Playing—Create and act out everyday problems in which a student could turn to drugs or solve the problem in another manner. 3. Draw cartoons regarding peer pressures to take drugs. 4. Have students bring and play (screened) pop records involving drugs. Discuss. 5. Let students survey other students concerning the most common reasons for drug acceptance. 6. Make posters showing various drugs and the symptoms that occur when abused. See *Drug Abuse: Escape to Nowhere*, pages 67 through 72, Smith Kline and French Laboratories. 7. Filmstrips: "Drugs and Decisions: Your Life," pages 65-68. Drug Education, State Department of Education. 8. Research and discuss the possible chromosome damage related to usage. 9. Film: "Speedscene—The Problem of Amphetamine Abuse." Available from Drug Education, State Department of Education. 10. Label drawing found in appendix: parts of body affected by tobacco, p. 176.
IV. Treatment and Rehabilitation *(See narrative, Drug Treatment and Rehabilitation, p. 127.)* A. Types of treatment and rehabilitation 1. For alcoholism a. Hospitalization b. Alcoholics Anonymous	1. Invite a carefully screened ex-drug abuser, law enforcement officer, or medical official to speak (on treatment and/or rehabilitation).

Content	Learning Activities
2. For heroin addiction a. Hospitalization b. Use of methadone 3. For misuse of amphetamines and barbiturates a. Medically supervised detoxification b. Hospitalization 4. For use of hallucinogens a. Shock treatments b. Mental hospitalization 5. For smoking tobacco a. "Stop-smoking" clinics b. Alternatives through exercises in will power B. Success and failure of treatment and rehabilitation 1. For alcoholism—The most successful program is the one offered by Alcoholics Anonymous, whose success rate is approximately 30%. Other programs, including medical treatment, have been less successful. 2. For heroin addiction—Statistics are not available on experimental programs such as methadone and cyclazocine maintenance. The cure rate at the federal hospital in Lexington, Kentucky, is less than 3%. 3. For misuse of amphetamines and barbiturates—Reliable statistics are difficult to obtain. Where deep psychological dependency is prevalent, the success rate is very low. 4. For use of hallucinogens—Treatment is normally performed by a private practicing psychiatrist, which makes statistics regarding success or failure difficult to obtain. 5. For use of tobacco—Although the success and failure is difficult to determine because of limited use of formal rehabilitation, an educated estimate is approximately 7% success.	2. Have students write for information on success and failure of various rehabilitation programs, national and local. Discuss. National Clearinghouse for Drug Abuse Information 5600 Fishers Lane Rockville, Maryland 20852 3. Investigate local drug treatment centers (hospitals, counseling centers, etc.). Investigate to determine the extent of drug treatment and rehabilitation programs. 4. Use resources available through the Alabama Mental Health Association. 5. Use resources available through the Alabama Lung Association.

Content	Learning Activities
V. Drug Abuse Effects on Ecology *(SCS, p. 94, IV C E)* Each year thousands of dollars are spent on cleaning up litter.	1. Take students on a field trip to clean refuse. Note beer cans, liquor bottles, and other drug receptacles. Draw conclusions concerning man's impact on nature in areas of drugs. 2. Include pollution of tobacco usage in our ecology problems.
VI. Drug Use Related to Man and Space *(SCS, p. 95, V B)*	1. Interview NASA personnel in writing or in person to discover drug-related experiments on skylabs. 2. Following a discussion of space travel inventions, let students dream on paper how drugs might be helpful.

Content	Learning Activities
I. Pharmacology of Drugs *(SCS, p. 122, V C) (See narratives, Pharmacology of Abused Drugs and Toxic Substances, Social Implications of Drug Abuse, pp. 88-118)* A. Sources and descriptions of various types of drugs with emphasis on those derived from plants. 1. Volatile substances such as aerosol sprays, glue, gasoline, etc. 2. Stimulants such as amphetamines, cocaine, etc. 3. Depressants such as barbiturates, tranquilizers, etc. 4. Hallucinogens such as marijuana, LSD, mescaline, mushrooms, nutmeg, morning glory seeds, etc. 5. Narcotics such as the opiates, synthetic opiates, etc. 6. Beverages such as tea, coffee, alcoholic drinks, etc. 7. Tobacco 8. Antibiotics such as penicillin, streptomycin, etc. 9. Other substances such as analgesics, antihistamines, antiseptics, vaccines, etc.	1. Develop classroom drug resource center. Include books, pamphlets, display table, and "Spenco Drug Abuse Guide" (display). Order from: Spenco Medical Corporation Post Office Box 8113 Waco, Texas 76710 2. Establish drug-related current events bulletin board. 3. Make collages on problems of drug abuse. 4. Construct large drug dial. An example may be purchased from: Spenco Medical Corporation Post Office Box 8113 Waco, Texas 76710 5. Identify local plant sources of drugs: marigolds, periwinkle, oleanders, belledonna, resurrection fern, rhubarb, jimson weed, morning glory seeds, nutmeg, etc.; indicate each's toxicity. 6. Contact resource personnel to explain beneficial uses of drugs (pharmacist, doctor, school nurse, or mental health official). 7. Discuss how the various drugs are procured. a. Prescription drugs *(See appendix prescription form, p. 177)* b. Use of prescription drugs by other than one prescribed (weight reducing, headaches, viral infection, etc.) c. On-the-street drugs 8. Use a drug identification kit for stimulation of discussion. Contact law enforcement agency or purchase from: Winston Products for Education Post Office Box 12219 San Diego, California 92112

Content	Learning Activities
B. Nonprescription drugs easily abused without thoughtful and careful use 1. Nonprescription drugs often ineffective. (Ineffectiveness often leads to overdoses.) 2. Danger of nonprescription drugs 3. Nonprescription drugs as diversions of both time and money; providing drugs for self-diagnosis currently at least a $2.5 billion a year industry 4. Nonprescription drugs to mask symptoms and prevent medical aid from being sought.	9. Identify seven over-the-counter drug categories and list name brands. 10. List some drugs. Discuss whether they were actually needed.
C. Beneficial and non-beneficial uses of the above drugs *(SCS, p. 122, IV)* Over-the-counter drugs 1. Aspirin 2. Antihistamines 3. Cough medicine 4. Caffeine (NoDoz, Vivarin, Comeback, etc.) 5. Sleeping pills 6. Vitamins 7. Aspirin substitutes	11. Films—"Single Concept Films" (nine short films). Filmstrips—"Marijuana, What Can You Believe?" Available from: Drug Education, State Department of Education. 12. Prepare a chart showing the beneficial and non-beneficial uses of drugs. 13. Make a plastic mount of marijuana forms: leaf, rough, manicured, etc. Seek drug materials from local authorities. 14. Watch TV commercials several hours and observe the basic misrepresentation and psychological "gimmick." 15. Discuss: The dangerous drugs are regulated by prescription. 16. Survey the nonprescription section of a local drugstore for a given period of time and estimate the amount of time and money involved in said time frame. 17. Read labels carefully of several nonprescription drugs. Discuss how these drugs could be abused and their possible harmful effects.
II. Physical Side Effects of Drug Abuse *(SCS, p. 122, III)* A. Diseases and infections caused directly or indirectly by drug abuse 1. Hepatitis 2. Malnutrition 3. Abscesses 4. Organ infections 5. Tetanus 6. Others	1. Have groups analyze specific drugs for the following: a. Color/form b. Action c. Medical use d. Tolerance e. Likelihood of abuse and dependence f. Street names

Content	Learning Activities
B. Body damage from drug abuse 1. Liver damage 2. Brain cell destruction 3. Kidney disorders 4. Bone marrow destruction 5. Others C. Damage to body processes from drug abuse 1. Cardiovascular complications 2. Respiratory depression 3. Brain cell destruction 4. Body elimination irregularities 5. Digestive process involvement 6. Others D. Loss of normal physical drives from drug abuse *(SCS, p. 22, IV)* 1. Hunger 2. Sleep 3. Survival 4. Others E. Immediate physical side effects of drug abuse 1. Withdrawal sickness 2. Tobacco cough 3. Muscle twitching 4. Constipation 5. Others F. Long-term physical side effects from drug abuse 1. Physiological dependency 2. Tolerance 3. Possible chromosome damage 4. Overdose	2. Construct models of nervous system or nerve cells to show impulse blockage with varying amounts of drugs. 3. Research different areas of the brain and find how drugs affect each. 4. Trace action of drugs through the body systems. 5. As body systems are presented, develop a drug chart that illustrates beneficial and detrimental effects of drugs. (See appendix—Effects of Drugs on Systems of Body, p. 180) 6. Experiment with the effect of water and alcohol on growth and constitution of live plants or food substances (potato, bread, liver, sugar, or egg white). 7. Invite a doctor or pharmacist to discuss the effects of mixing drugs, overdose symptoms, and withdrawal symptoms. 8. Discuss tolerance and physical dependence. 9. Discuss differences in physiology of individuals. 10. Conduct experiments concerning effects of drugs on animals. (See local library or Science Fair manuals—check guidelines for humane treatment of animals.) 11. Research and discuss the possible chromosome damage that is related to drug usage. 12. Films—"Speedscene: The Problem of Amphetamine Abuse." Available from: Drug Education, State Department of Education.

Content	Learning Activities
III. The Drug Abuser *(SCS, p. 122, IV)* A. Physical reasons for abusing drugs 1. To combat fatigue and depression 2. To increase alertness 3. To relieve pain 4. To increase physical performance B. Non-medical social and emotional reasons for using drugs 1. To achieve euphoria 2. Peer pressure 3. Curiosity 4. Ritual and mystical experience 5. Rebellion against authority 6. To escape reality 7. Recreation C. Identification of drug abusers 1. Abrupt change in attitudes and behavior a. Irritability b. Overactive or underactive c. Loss of responsibility d. Loss of touch with reality 2. Changes in physical appearance a. Watering eyes accompanied by possible dilation or constriction on pupils b. Possible nasal secretions along with redness and rawness c. Injection of drugs causing vein punctures and possible infections D. Legal Aspects *(Review—See 8th grade Social Studies—Civics and Law) (Also see narrative, Legal Aspects, pp. 122).*	1. Analyze liquor and beer ads for psychological and social appeals. 2. Interview a chain smoker and report to class his/her reasons for smoking. 3. Conduct buzz session or discuss, "What constitutes a healthy personality?" 4. Play games found in *Teaching Human Beings*—Jeffrey Schrank, Beacon Press, Boston, pp. 152-155. 5. Show a film—"Alcohol, Tobacco, Drugs vs Physical Fitness" from: Drug Education, State Department of Education. 6. Conduct a buzz session or discuss, "Do peers experiment with drugs?" 7. Discuss how teenagers view the illegal suppliers of drugs. 8. Construct smoking machine (see Appendix, p. 178)
IV. Treatment and Rehabilitation *(SCS, p. 22, IV C) (See narrative on Drug Treatment and Rehabilitation, p. 127)* A. Alcohol, tobacco, and other drug treatments 1. Detoxification—complete elimination of the drug from the body 2. "Cold turkey" 3. Nutrition a. Ascorbic acid b. Niacin c. Multiple vitamins	1. Discuss alternatives to drug abuse. Show film—"Are Drugs the Answer?" Drug Education, State Department of Education. 2. Invite a carefully screened, recovered alcoholic to speak on treatment and rehabilitation of alcoholics. 3. Investigate organizations (local and national) which offer help to drug abusers. Recommended—National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Rockville, Maryland 20852.

Content	Learning Activities
4. Psychotherapy—"A structured emotional experience resulting from the close relationship between two or more persons, where trained individuals help others achieve greater self-understanding objectively, and maturity through a series of contacts in which the life situations of the latter are discussed." a. Hypnosis b. Psychiatry c. Psychoanalysis d. Group therapy 5. Drug therapy a. Disulfiram (Antabuse). A drug used to motivate people to stop drinking. Consumption of alcohol, when antabuse is present in the body, causes extreme sickness and can be dangerous. b. Chlorpromazine (Thorazine). Effective tranquilizer in the treatment of a tense or agitated person. c. Insulin. A drug used by some advocates in hopes it will counteract intoxication. d. Meprobamate (Miltown or Equanil). Tranquilizers used as mild muscle relaxers. The drug has a marked calming effect on patients with abnormal muscular hyperactivity. e. Other tranquilizers. Drugs used to inhibit tense and fearful response to threatening stimuli without markedly affecting clarity of thought. f. Methadone. A drug administered to the heroin addict whereby the patient will not physically desire any heroin. If the heroin is used, methadone prohibits the euphoric effect. g. Cyclazocine. A drug classified as a narcotic antagonist which is said to suppress the euphoric effect of a physical dependence on drugs such as morphine.	4. Select from the class several members to role play drug addicts and have the remainder of the class develop a program to treat and rehabilitate them. 5. Invite a former smoker to discuss with the class his reasons for quitting.
B. Agencies and organizations for the treatment of alcoholics (normal success rate less than 30%) 1. Quarter-way house. A facility used for detoxification or "drying-out" of an intoxicated individual.	6. Take a field trip to at least one of the agencies and/or organizations. 7. Invite a "contributor" of one of these rehabilitation centers to speak to the class.

Content	Learning Activities
2. Half-way house. A live-in therapeutic residence for the treatment and rehabilitation of an alcoholic. 3. Alcoholics Anonymous. An organization for alcoholics designed to bring its members to help each other achieve and maintain sobriety. 4. Al-Anon. A companion organization to A.A. for the families of alcoholics. It is based on the realization that alcoholism is a problem of the family as well as the alcoholic. 5. Alateen. An organization which operates on the same principals as A.A. and Al-Anon, but is specifically designed to help teenagers who are troubled by alcoholism in their families. 6. Mental Health Department. Includes mental health centers, clinics, hospitals, counseling services, and other forms of rehabilitation and treatment. 7. Counseling services. Provided by both private and public agencies, as well as by religious organizations, physicians, nurses, and members of the medical profession. C. Agencies and organizations for the treatment of drug dependency (true addiction success rate less than 5%) 1. Half-way house. Very similar to those described as used by alcoholics. 2. Federal hospitals. These hospitals are located at Lexington, Kentucky, and Ft. Worth, Texas, for the purpose of research, treatment, and rehabilitation. 3. Narcotics Anonymous. An organization founded at the Federal hospital in Lexington, Kentucky. It is based on the model of Alcoholics Anonymous but has not been as successful. 4. Residential therapeutic communities a. Synanon. Founded in 1958 for the purpose of teaching the addict to believe in the total futility of misusing narcotic drugs. b. Daytop Lodge. A project in New York City based on the Synanon experience. 5. Mental health 6. Medical profession 7. Counseling services	8. Have students write to agencies in their area for information concerning treatment for reports in class.

Content	Learning Activities
I. Hydrocarbons in Various Household Substances *(SCS, p. 138, X B) (See narrative, Volatile Substance, p.)* A. Various hydrocarbons used for cleaning purposes. 1. Paint thinners and removers 2. Nail polish remover 3. Carbon tetrachloride B. Some hydrocarbons used as cements 1. Airplane glue 2. Plastic cement C. Some hydrocarbons used for fuels 1. Gasoline 2. Lighter fluid	1. Discuss importance of reading warning labels on chemical containers. 2. Discuss: "Chemicals have been and are being used in many ways to benefit as well as adversely affect mankind." 3. Trace the chemical derivation of heroin and identify chemicals in it with which the student is familiar. 4. Determine molecular weight and percentage composition of various drugs. Example: Phenobarbital—$C_{12}H_{12}N_2O_3$. 5. Distinguish the difference between methyl and ethyl alcohol by synthesizing each. 6. Filmstrip: "Rap On." Available from Drug Education, State Department of Education. 7. Use pamphlets (a) "Aerosols—Use, Misuse." Aerosol Education Bureau, 300 East 44th Street, New York, New York 10017; (b) "Volatile Substances, Some Questions and Answers," Health, Education and Welfare Public Health Service, United States Government Printing Office, Washington, D.C. 8. Show volatile and vaporizing nature of hydrocarbons through demonstrations. 9. Demonstrate by the use of thin animal membranes the penetration of hydrocarbons into the blood stream through cell layers.
II. Hydrocarbons in Various Medicinal Substances *(SCS, p. 138, X B)* A. Various hydrocarbons used in medical laboratories 1. Toluene 2. Xylene B. Various hydrocarbons used as medicine	
III. Devastating Effects of Hydrocarbons on the Body *(SCS, p. 138, X B)* A. Short-range effects of hydrocarbons on the body 1. Immediate death 2. Paralysis of the diaphragm 3. Stomach cramps and diarrhea 4. Malfunction of organs of the body B. Long-range effects of hydrocarbons on the body 1. Death 2. Malfunction of organs of the body	
IV. Derivatives of Hydrocarbons *(SCS, p. 138, X B) (See narrative on Alcohol, p. 88)* A. Alcohol 1. Preparation 2. Physiological effects B. Ketones C. Others	

CONSUMER CHEMISTRY

Content	Learning Activities
I. Food Additives A. Enhancement of food value B. Harmful effects on individuals	1. Describe additives which color food; e.g., fruit, weiners, etc. 2. Analyze a hot dog. 3. List additives which preserve food stuffs and discuss the value. 4. Determine percentage of food fortifiers (iron, vitamin C etc.) and chart in class. 5. Describe and list additives which flavored food you ate for a week. 6. Bring various food labels to class and discuss contents. 7. Describe harmful effects of some preservatives (monosodium glutamate).
II. Water Additives A. Control of chemical wastes in water supply B. Purification of water supplies through chemicals	1. Design a bulletin board or collage showing newspaper clippings of water pollution. 2. Analyze water samples for pollutants. Invite your city's pollution-control engineer to speak. 3. List possible dangers to a biological community if chemicals are introduced haphazardly. Follow with a discussion of the problems to the human community should this occur. 4. Discuss the importance of adding chlorine and fluorine to the water. 5. Compare the difference between hard and soft water. Know the composition/textures of your community water.

Content	Learning Activities
III. Medicinal Drugs Change Our Lives A. Good health through prescription drugs 1. Abuse of these drugs 2. Mental/physical damage to body B. Limited use of over-the-counter drugs C. Problems created for illegal drug users D. Relation of alcohol, nicotine, and caffeine to health problems	1. Have students write essays on the values of medicinal drugs including narcotics properly used and the dangers of these substances improperly used. 2. Develop group projects to be presented to the class: a. Drugs in medicine b. Narcotics used in medicine c. Effects of narcotics and non-narcotic drug abuse on body d. Effect of alcohol on body e. Effect of nicotine on body f. How your community copes with drug abuse and addiction 3. Use the following topics in class discussions: a. Health and sickness: what keeps us healthy; what makes us sick? b. Hazards posed by household agents other than food and medicine c. Handling situations in which drugs or other abusable substances are offered d. The importance of "not going along with the group" or "taking a dare" e. Effects of drug abuse on general health and social behavior 4. Describe the history of the development of aspirin. 5. Compare brands of aspirin for components, ph, percentaged aspirin, and cost. 6. Describe properties of aspirin which are important for consumers to know. 7. List ingredients of different antacids and give a possible harmful side effect. 8. Describe the process of neutralizing excessive stomach acid. 9. Analyze commercials on over-the-counter drugs.

Content	Learning Activities
IV. The Chemistry of Soaps and Cosmetics A. Soaps are a "natural" B. Hazards of other household products.	1. Make a simple soap. 2. Compare ingredients of different brands of soap. 3. Explain why "bathtub rings" appear. 4. Test for surfactants in soap. 5. Determine ph of different brands of soap. 6. Have student groups make a scrapbook and/or bulletin board from articles dealing with accidental poisonings and the safe use of household products and medicines. 7. List cleaning agents found in students' homes. 8. Identify chemical components of cleaning agents and describe properties. 9. List uses for cleaning agents. 10. List possible effects of cleaners on the body if taken internally or applied to the body. 11. Construct a chart of antidotes for various cleaning fluids.
C. Use of Cosmetics	12. Explain the term cosmetic. List those most commonly used. 13. Discuss laws affecting cosmetics. 14. Explain advantages and disadvantages of making your own cosmetics. 15. Make cold cream, mouthwash, shaving cream, and toothpaste in the laboratory. List properties in each.

HOME ECONOMICS EDUCATION

Family Living and/or Parenthood Education

GRADES 10-12

Behavioral Objectives

Upon completion of a one or two semester course of Family Living and/or Parenthood Education, the student will be able to:

1. Explain the meaning of the statement, "ours is a drug-oriented society."
2. Illustrate examples of personal problems which may result from drug use.
3. Discuss the similarity and difference between dependence upon drugs and addiction to drugs.
4. Describe both positive and negative effects of drugs, tobacco, and alcohol on human reproduction.
5. Discuss recent findings on the effects of smoking on health.
6. Evaluate findings of alcohol research and discuss implications for family living.

Statement of Clarification

In this resource guide drug education for home economics education is recommended in Family Living and Parenthood Education Courses for grades 10-12. The suggested content and learning experiences may be incorporated in all levels of home economics.

This is not recommended as a drug unit but should be included in multiple units within the disciplines.

Food additives have not been included here even though we recognize them as controlled substances. The food additives should be a part of every unit in Foods and Nutrition.

Content	Learning Activities
I. Over-the-counter drugs common to our daily life A. Cosmetic drugs B. Other nonprescription drugs	1. Brainstorming—List on the chalkboard all drugs you and your family used today. 2. Grab bag homework assignment—Each student will draw one of the drugs mentioned from a grab bag and research the positive and negative effects of the drug. 3. Show a film—(Common abuse of prescribed and non-prescribed OTC drugs; i.e., "Single Concept Films." 4. Create a chart classifying drug research.
II. The drug abuser A. Non-medical physical reasons for abusing drugs 1. Combat fatigue and depression 2. Increase alertness 3. Relief of pain 4. Increase physical performance B. Non-medical and social and emotional reasons for using drugs. 1. Achieve euphoria 2. Peer pressure 3. Curiosity 4. Ritual and mystical experiences 5. Rebellion against authority 6. Escape reality 7. Recreation	1. Given case studies' students working in buzz groups will analyze the studies and report to the class personal problems as they relate to drug use. 2. Review from textbook assignment, "What makes a healthy personality?" 3. Present a resource person or film concerning drug dependence and drug addiction.
III. Comparison of drugs A. Non-drug drugs 1. Caffeine 2. Nicotine 3. Alcohol 4. Aspirin, etc. 5. Oral contraceptives 6. Other B. Legal (prescription) 1. Amphetamines 2. Barbiturates 3. Tranquilizers C. Illegal 1. Marijuana—THC, Hash 2. Heroin 3. LSD 4. Other	1. Three open-ended skits—one each on alcohol, tobacco and drugs—followed by class discussion with alternatives to drug use listed on chart paper and hung on the wall. The role players will buzz together and then complete their skit. 2. Prepare a resource center with pamphlets on drugs not listed on chart in #4 above. Allow students to suggest drugs to add to the chart information.

Content	Learning Activities
IV. Side Effects of Drug Abuse A. Physical 1. Dependence/addiction 2. Effects on sex drive 3. Chromosome damage 4. Effects on offspring 5. Effect on blood pressure B. Psychological 1. Loss of inhibitions 2. Change of attitudes 3. Other	1. Invite a resource person (police officer, M.D., nurse, or other) to visit the class to answer questions which have been compiled and screened by student groups. These questions will be delivered to the resource person prior to his/her visit. 2. Test students' understanding of information placed on chart in I, #4 and III, #2 above by having them take any two drugs from the chart and compare in a brief paragraph. Break into buzz groups to discuss comparisons. Report to class.

BEHAVIORAL OBJECTIVES
HEALTH AND PHYSICAL EDUCATION
GRADES 7-12

At the completion of this unit the student will be able to:

1. Develop knowledge, understanding, and awareness concerning the use and misuse of drugs.
2. Develop value decision-making and self-actualization skills concerning the use and misuse of drugs.
3. Demonstrate responsible behavior in using various chemical substances and appropriate alternatives to the misuse of substances.

GRADE SEVEN

HEALTH AND PHYSICAL EDUCATION

Content	Learning Activities
I. Identification of Commonly Abused Drugs A. Stimulants 1. Amphetamines 2. Cocaine 3. Caffeine B. Depressants 1. Barbiturates 2. Opiates 3. Alcohol 4. Tranquilizers 5. Nicotine C. Hallucinogens 1. Marijuana 2. Hashish 3. LSD 4. Mescaline 5. DMT 6. Psilocybin D. Deliriants 1. Aerosol products 2. Airplane glue 3. Liquid fluids 4. Paint thinner 5. Nail polish remover	1. Identify drugs through bulletin boards, shelves and learning centers. 2. Invite resource people to class to discuss the use and misuse of drugs: pharmacist, veterinarian, rehabilitated drug abuser personnel from local mental health center. 3. Drug quizzes oriented to sports activities (See appendix, p. 181.) 4. View and discuss the film "Smoking: Pete Ennis Doesn't Smoke Yet." May be obtained from Drug Education, State Department of Education. 5. Conduct a slogan contest relating to drug abuse. Examples: "Keep Off the Grass;" "Fly Now; Pay Later;" etc. 6. Play tape cassette "The Drug Scene." May be obtained from Drug Education, State Department of Education. 7. Have students prepare poster depicting some aspect of drug abuse. 8. Have students prepare a notebook of accumulated facts and materials on drug abuse.
II. Effects of Commonly Abused Drugs on the Body. *(See narratives, Pharmacology of Abused Drugs and Toxic Substances, pp. 88; Health Education Curriculum Guide pp. 49, 55, and 73.)* A. Physiological effects 1. Elevation of blood pressure 2. Increase in pulse rate 3. Loss of appetite and weight loss 4. Death 5. Loss of coordination 6. Drowsiness 7. Possible physical dependence 8. Damage to vital organs B. Psychological effects 1. Nervousness 2. Sleeplessness	1. Have a group of students interview physicians, athletic trainers, and exercise physiologists as to the harmful effects of drugs. 2. Familiarize the students with the various local alcoholic agencies, such as A.A. and Al-Anon. 3. Acquaint the student with the local adolescent-oriented drug center. 4. Ask three adults who have smoked for at least five years how many times they have tried to break the smoking habit. a. How many wanted to stop? b. What reasons did they give for wanting to stop?

Content	Learning Activities
3. Hallucinations 4. Psychological dependence 5. Agitation	c. What reasons did they give for not smoking? d. What conclusions can you draw from these responses? 5. View and discuss the film "Guidance for the Seventies' Self Esteem." May be obtained from Drug Education, State Department of Education.
III. Legal Aspects of Drug Use *(See narratives, Legal Aspects, p. 122.)* A. Federal and state laws 1. Narcotics 2. Hallucinogens 3. Stimulants 4. Depressants B. Local statues 1. Alcohol 2. Marijuana 3. Tobacco 4. Other drugs a. Stimulants b. Depressants c. Hallucinogens d. Deliriants	1. Invite a narcotic officer(s), lawyer(s), or legal aid consultant(s) to speak to class. 2. Allow students to conduct a mock trial. 3. View and discuss the filmstrip "Marijuana Possession: A Contemporary Case Study." May be obtained from Drug Education, State Department of Education.

Content	Learning Activities
I. Harmful Effects of Drugs on the Body A. Physiological *(See narrative, Pharmacology, p. 88; HECG, pp. 49, 55, and 73.)* 1. Elevation of blood pressure 2. Increase in pulse rate 3. Loss of appetite and weight 4. Death 5. Loss of coordination 6. Drowsiness 7. Possible physical dependence 8. Damage to vital organs B. Psychological 1. Nervousness 2. Sleeplessness 3. Hallucinations 4. Psychological dependence 5. Agitation C. Social 1. Absenteeism 2. Academic failure 3. Employment 4. Group relationships 5. Economic deterioration 6. Personal acceptance	1. Discuss why different people react in different ways to the same drug. 2. Demonstrate the technique of taking the blood pressure. Let students participate. Discuss effects. 3. Have a resource person discuss harmful effects of drugs on the athlete. 4. Differentiate between the terms "physiological" and "psychological." 5. On a transparency, compare possible physiological and psychological effects of drug abuse. 6. Depict a phase of drug use through a drawing or a collage. 7. Discuss how drug use can evolve to misuse and abuse. 8. Invite a local physician to discuss with the class the misuse of beverage alcohol, and the responsibility of the medical profession to carry on research and exert leadership in helping solve the public health problems of excessive drinking and the rehabilitation of the addict. 9. View and discuss the filmstrip "The Drug Information Series." May be obtained from Drug Education, State Department of Education. 10. View and discuss the filmstrip "Smoking or Health." May be obtained from Drug Education, State Department of Education.
II. Reasons for Drug Abuse A. Fun and curiosity B. Peer pressure C. Energy D. Rebellion E. Escape F. Habit G. Addiction H. Compulsion I. Adult status seeking J. Medical treatment following injury K. Coping with stress	1. Have students role play improvising settings giving the different reasons for drug abuse. 2. Study the methods used by advertisers to increase the sales of alcoholic beverages in the community. Differentiate between scientific facts and unscientific statements used. Decide what class members can do to promote ethical advertising on the radio, in the press, and elsewhere; act on the decisions made. 3. View and discuss the film "Do Not Staple, Bend or Fold." May be obtained from Drug Education, State Department of Education. (See audiovisual catalog for ordering.)

Content	Learning Activities
III. Alternatives to Drug Abuse *(See narrative, Building Values by Choosing Alternatives, p. 144; HECG, pp. 49, 55, and 73.)* A. Exercise B. Sports C. Hobbies-crafts D. Community services E. Employment	1. List on class display charts the alternatives to drug abuse; i.e., aerobics, energizers, indoor/outdoor exercises and games, and hobbies. Discuss. 2. Try some of these alternatives as class activities. Play chalkboard football/baseball. (See appendix, p. 181.) 3. Have a resource person discuss harmful effects of drugs in relation to exercise. 4. Read and consult community organizations to learn about the work of the youth groups, parent-teacher associations, religious and other local, state, and national organizations in helping solve the problems of alcohol.

GRADE NINE

HEALTH AND PHYSICAL EDUCATION

Content	Learning Activities
I. Effects of Different Drugs on the Body *(See narrative, Pharmacology, p. 88; HECG, pp. 49, 55, and 73.)* A. Psychological 1. Nervousness 2. Sleeplessness 3. Hallucinations 4. Psychological dependence 5. Agitation B. Physiological 1. Elevation of blood pressure 2. Increase in pulse rate 3. Loss of appetite and weight 4. Death 5. Loss of coordination 6. Drowsiness 7. Possible physical dependence 8. Damage to vital organs	1. Some people have suggested that marijuana is no more harmful than alcohol and that the legal restrictions governing the use of marijuana should be no different from those governing alcohol. Prepare a discussion of the pros and cons of this position. 2. As an introduction activity to the unit on alcohol on the chalkboard, list words relating to alcohol, such as abstinence, prohibition, moonshine, mash, ABC Board, bootleg, Snuffy Smith, etc. Ask students to write a short story using all the words given them. 3. Prepare a paper discussing the topic, "Using drugs as a means of turning off rather than turning on." 4. Have students ask a local pharmacist to find out and tell them whether he fills more prescriptions for amphetamines or barbiturates. Attempt to draw some conclusions relating his information to our culture and society. 5. Have students list aspects of the effects of the different drugs on the body. 6. Keep a record for one week of the automobile accidents occurring in an urban area and reported by your newspaper. Categorize each accident, as closely as possible according to: a. age of driver, b. cause of accident, c. seriousness of accident, and d. whether or not the driver had been drinking. What conclusions can you draw from your observations concerning drinking and driving? 7. Conduct a field trip to local detoxification clinic. 8. If you were on the coaching staff of the United States Olympic team, what scientific evidence could you cite to substantiate a ruling forbidding team members to smoke?

Content	Learning Activities
II. Reasons for Drug Abuse A. Fun and curiosity B. Peer pressure C. Energy D. Rebellion E. Escape F. Habit G. Addiction H. Compulsion I. Adult status seeking J. Medical treatment following injury K. Coping with stress	9. View and discuss the filmstrip "Drug in Our Society." May be obtained from Drug Education, State Department of Education. 1. Prepare a bulletin board depicting important words for reasons for drug abuse; i.e., peer pressure, curiosity, etc. 2. Complete a survey of junior high school students concerning their smoking habits. 3. Visit your local police department and obtain the number of arrests for drunkenness and drunken driving in one year in your community. 4. View and discuss the film "Smoking: A New Focus." May be obtained from Drug Education, State Department of Education. 5. Have students draw cartoons depicting reasons why people abuse drugs.
III. Alternatives to Drug Abuse *(See narrative, Building Values by Choosing Alternatives, p. 144.)* A. Exercise B. Sports C. Hobbies and crafts D. Community services E. Employment	1. Conduct a discussion of how physical education can be an alternative to taking drugs. Use role play activities. 2. Investigate the local prison's facilities for physical activities. 3. Have students illustrate alternatives to drug abuse on posters. 4. Discuss the following: If you found a younger brother or sister sniffing glue or swallowing some unidentified pills, how would you feel? What would you do? 5. Compare the cost of one package of cigarettes per day for a period of three years with the cost of buying a good used car. 6. View and discuss the film "Truth and Consequences." May be obtained from Drug Education, State Department of Education. 7. Contact American Cancer Society for other resources.

GRADE TEN

HEALTH AND PHYSICAL EDUCATION

Content	Learning Activities
I. Effects of Drugs on the Body *(See narratives, History, Pharmacology, and Value of Drugs, pp. 80-110; HECG, pp. 76, 82, and 102.)* A. History and background B. Common forms C. Beneficial uses of drugs D. Detrimental effects of drugs	1. Debate the physiological, psychological, and social values of drugs. 2. Describe how different people react in different ways to the same drugs. 3. Distinguish between drug use and drug abuse. 4. Using the overhead projector, differentiate between the terms physiological and psychological. a. Physiological (1) Elevation of blood pressure (2) Increase in pulse rate (3) Loss of appetite and weight (4) Death (5) Loss of coordination (6) Drowsiness (7) Possible physical dependence (8) Damage to vital organs b. Psychological (1) Nervousness (2) Sleeplessness (3) Hallucinations (4) Psychological dependence (5) Agitation 5. Using the smoking machine, demonstrate the effects of tobacco on the body. Refer to Appendix, page 178, for instructions. 6. Secure a broad and diverse representation of professionals to serve on a panel for student questioning. (minister, counselor, AA member, drug specialist, etc.) 7. View and discuss the film "Marijuana." May be obtained from Drug Education, State Department of Education. 8. View and discuss the film "Alcohol and Young People." May be obtained from Drug Education, State Department of Education.

Content	Learning Activities
II. Reasons for Drug Abuse A. Fun and curiosity B. Peer pressure C. Energy D. Rebellion E. Escape F. Habit G. Adult status seeking H. Coping with stress I. Medical treatment	1. Have students role play reasons for drug abuse. 2. Conduct a school-wide survey on the use of drugs. Example: I started drinking at the age of . . . . 3. Divide students into groups with designated leader and recorder to discuss and later present on a transparency "reasons why people abuse drugs." 4. Play the "What Wheel" game. (See Values Section, p. 152.) 5. (Play) Peer pressure. Present sociodrama using students to demonstrate the effect of peer pressure to drinking alcohol, smoking marijuana, and taking drugs, etc. Refer to "Teaching Health Today," Richard Means, p. 139. 6. Debate "social drinking vs. total abstinence." 7. Discuss the students' own responsibilities in making decisions concerning drug use and abuse. 8. Have students design collages of advertisements illustrating various methods manufacturers use to entice the public into using their product.

Content	Learning Activities
III. Alternatives to Drug Abuse *(See narrative, Building Values, p. 144.)* A. Exercise B. Hobbies and crafts C. Sports D. Community service E. Employment	1. Discuss the student's own responsibility in choosing other activities rather than drug abuse. 2. Possible consequences of drinking include loss of license; impounding of the car; detention in jail or in a juvenile facility; embarrassment to self, family and friends; loss of employment opportunities; payment of fine or higher car insurance cost; and loss of life or injury to self or to someone else. List these possible consequences in terms of priority of importance to you. What makes the task difficult? 3. Use of illicit narcotics or drugs is one way of temporarily escaping reality and evading responsibility. What do you feel might be a more permanent way of solving the underlying cause of the problem that tempts individuals toward this false and illogical solution? Discuss in buzz groups. 4. View and discuss the film "Go Ask Alice." 5. View and discuss the film "Alcohol, Tobacco, Drugs vs. Physical Fitness." Films may be obtained from Drug Education, State Department of Education.

GRADE ELEVEN

HEALTH AND PHYSICAL EDUCATION

Content	Learning Activities
I. Commonly Abused Drugs and Their Dangers *(See narratives, Pharmacology, Psychology of, Social Implications of Drug Abuse, pp. 88; HECG, pp. 76, 82, and 102.)*	1. Display Identification Kit and discuss each drug and its dangers. (Obtained through local Media Center; marijuana plant and awareness wafer also available.) 2. Show on an illustrated diagram how drugs affect the vital body organs. 3. Construct a lifesize man in a drawing or model and trace the path of alcohol, tars and nicotine. 4. Divide into small groups and research and discuss symptoms of abuse of the following: a. Tobacco b. Depressants c. Volatile substances d. Stimulants e. Narcotics f. Marijuana g. Hallucinogens h. Alcohol 5. From among the following categories identify those which you feel represent the greatest harm resulting from the unwise use of alcohol: a. Damage to the body b. Damage to property c. Damage to society d. Damage to the family e. Damage to others f. Damage to the brain How would you defend your choices? 6. What, in your opinion, is the one best reason that all cigarette packages must contain by law the statement cautioning that cigarette smoking is hazardous to health? 7. View and discuss the film "Marijuana: The Great Escape." May be obtained from Drug Education, State Department of Education.

Content	Learning Activities
II. The Drug Abuser A. Factors relating to abuse 1. Psychological 2. Physiological 3. Serial 4. Cultural 5. Economic B. Types of abusers C. Effects on society	1. Discuss the physical deterioration of a drug abuser. 2. Interview people of various nationalities about their use of alcohol, religious and social. 3. Invite a member of AA to share with class his/her drug related problem and experience. 4. Discuss the unwarranted use of drugs by the athlete, housewife, children, etc. 5. Show the film "The Secret Love of Sandra Blain," (available through Alabama State Department of Education). 6. Investigate conditions which may indirectly lead to use and abuse of drugs. 7. Show how drug abuse may affect newborn babies. 8. Have the class debate the following statements: a. "I drink because it helps me socially." b. "I drink to get along better on dates." c. "I drink because I am lonely." d. "I drink when my friends drink so that they won't tease me." e. "I often drink when I am nervous or upset because it helps relax me." 9. Have students investigate the cost of the smoking habit. What are likely to be the social and economic results when a person of low income forms the habit of excessive smoking?
III. Skills for Living in a Changing Society *(See narrative, Treatment and Rehabilitation, pp. 127; HECG, pp. 76, 82, and 102.)* A. Alternatives to drug abuse B. Treatment and rehabilitation for the drug abuser 1. Medical 2. Social 3. Self-help 4. Economic	1. List and evaluate: a. Things that keep most people from using drugs. b. Leisure time and how it may lead to drug abuse. 2. Invite a member of the local chapter of AA to discuss the therapy given to the alcoholic by AA members. 3. In small groups, have students discuss and report back to the class their findings of the following: should certain types of occupations be closed to anyone who uses drugs, tobacco, or alcohol? (Abuses the use). If so, which occupations do you think should be closed? Why?

GRADE TWELVE

HEALTH AND PHYSICAL EDUCATION

Content	Learning Activities
I. Drug Dependency *(See narrative, Psychology of Drug Abuse and Drug Dependence, pp. 88; HECG, pp. 76, 82, and 102.)* A. Physiological B. Psychological	1. From the publications of the Federal Trade Commission, report on the amount of tar and nicotine found in several brands of cigarettes. 2. Invite a pharmacist to the class to discuss the types of stimulants and depressants prescribed by physicians. 3. Report on the latest findings on the effects of "angel dust" and marijuana. 4. Prepare a report on the legal and medical uses of morphine, codeine, bromides, and methadone. 5. Have students collect newspaper articles relating to drug abuse and dependency and report to class.
II. The Drug Addict *(See narrative on Treatment and Rehabilitation, pp. 127.)* A. Addiction B. Withdrawal C. Treatment and rehabilitation	1. Visit a local detoxification clinic. 2. Report on the use of heroin by narcotic addicts. 3. Report on current state and federal laws which deal with drugs. 4. Invite representatives from a local "half-way house" to present their program for narcotic addicts. 5. Discuss the effect of smoking on the comfort of the non-smoker and his rights as they relate to the smoker. 6. Have students write a definition of an alcoholic in less than 25 words. Get definitions from several of your friends. Do they differ from yours? Can these differences be resolved?
III. Prevention of Drug Abuse Through Education A. Illegal traffic of drugs B. Control of the manufacture and distribution of drugs.	1. Investigate selected aspects of drug traffic and illegal sales by pharmacists and physicians to smuggling and bulk peddlers: Discuss ways of obtaining drugs through fraud. 2. Discuss the procedures used to control the manufacture and distribution of drugs for human consumption as developed by the Food and Drug Administration and the Federal Bureau of Narcotics and Dangerous Drugs.

Content	Learning Activities
	3. Invite a local representative from the "5-Day Stop Smoking Plan" to discuss ways to stop smoking. (Seventh Day Adventist Church has representatives.) 4. Interpret these concepts: a. Drug abuse is a social problem which should concern everyone. b. It is far better and easier to prevent health problems than to treat them. c. Most individuals who abuse drugs have personality problems. 5. Invite a member of the local police department to demonstrate tests given to drivers who appear to have been drinking. 6. Invite a high school administrator and the school psychologist and/or counselor to discuss the school program of narcotics education and efforts to prevent use of drugs. Arrange to have youth and parents represented on an interrogating panel. 7. View and discuss the film "A Time for Decision." May be obtained from Drug Education, State Department of Education.

DRIVER EDUCATION

Content	Learning Activities
I. Alcohol and Driving *(See narrative, "Drugs and Driving," p. 131.)* A. Absorption, distribution, and oxidation. B. Effects on body functions C. Variables D. Influence on driving performance E. Reasons for drinking F. Accident data G. Alabama legislation	1. Explain what happens to alcohol from the time of ingestion until elimination. 2. Trace the route of alcohol in the body from the mouth to its elimination. Identify factors that influence absorption and elimination. Chart, illustrate, or verbally describe this process. 3. Present information using charts or the overhead projector. Attention should be directed to parts of the brain affected and in turn, how it affects physical movement and coordination. 4. Observe and describe the conditions, amounts, and kinds of alcoholic beverages used for various age groups. Summarize the effects on a person's behavior. 5. Identify individual differences which determine the manner and degree with which people are influenced by alcohol. 6. Have students participate in a teacher-led group discussion on why alcohol affects a person more at one time than another. 7. Describe the effects of alcohol on the human functions involved in driving (identify, predict, decide, and act) in the order that these effects are likely to occur as the alcohol concentration level increases. 8. Have the class present an oral comparison of how alcohol may have a more pronounced influence on a young driver than on an adult. 9. Present a lesson appraising motivations that prompt people to drink. Care should be taken to differentiate between adult and young drinkers. 10. Have class develop a guideline for behavior that will minimize the risks associated with drinking and driving. 11. Present to the class a comparison of the probability of problem drinkers and social drinkers being involved in highway accidents. 12. Select a student panel to discuss and compare the probability of problem and social drinkers being involved in highway collisions.

Content	Learning Activities
	13. Present to the class the Alabama laws concerning driving under the influence and implied consent and how the evidence of chemical tests can be used against the driver. 14. Have students debate the fairness of the laws that have been discussed in class. Involve students who have not participated previously.
II. Drugs Other Than Alcohol A. General types of drugs B. Drugs and medicines C. Guidelines	1. Define the two general types of drugs (prescription and nonprescription) and collect data describing them. Arrange the definitions and data into meaningful displays (posters, notebooks, illustrated reports, bulletin board displays, etc.). 2. Classify specific kinds of drugs, their effects on body functions, and possible consequences for the motor vehicle operator. 3. Create a matrix that clarifies specific types of drugs, describes their effect on body functions, and identifies the possible consequences for the motor vehicle operator. 4. Formulate a set of personal guidelines for avoiding harmful highway consequences from drug misuse. 5. Suggest methods for controlling the drinking-driving and drug abuse problem among teenagers. Collect printed material describing either the problem or control methods. Discuss, present reports, create displays, or formulate a set of guidelines (personal or group) for avoiding the harmful highway consequences of drinking and drug abuse.

CAREER EDUCATION

Both Career Education and Drug Education are subjects usually taught within the other disciplines. Therefore, the following suggestions may be considered to place drug education information appropriately with that of career education.

Career education is usually categorized into broad clusters sequentially by grade levels. However, the teacher should have latitude to incorporate other clusters as needed. These clusters are in three phases: career awareness (K-5), career orientation and exploration (6-9), and career preparation, work experience and placement (10-12). Career Education goals that are compatible with Drug Education are indicated below:

Grade 7:
1. Appreciate all forms of human endeavor and work.
2. Choose career clusters as related to interests and abilities.
3. Weigh long- and short-range effects of different alternatives to specific problems.
4. Identify and understand values as they relate to life-style.
5. Understand the relationships between attitudes and values and career clusters.
6. Master the use of tools and processes used in research in the physical and social sciences. Understand use of tools in selected career clusters.
7. Understand social and personal relationships and their effect on employment.

Grade 8:
1. Understand the impact of work in one's life and resulting need to make a meaningful career choice.
2. Develop self-perception of abilities and interests as related to actual career requirements.
3. Apply decision-making process to study of careers.
4. Identify present life-style and conditions determining that style.
5. Understand the relationships between interests and abilities and career clusters.
6. Relate personal and social interaction skills to career clusters.

Grade 9:
1. Relate attitudes and awareness to specific or related job clusters.
2. Build reality awareness perception of "where I am compared to where I want to be."
3. Analyze and refine previous career decisions based on counseling, work experience, and all available information.
4. Based on understanding of interests, values and abilities, study career clusters, survey courses in career clusters.

Grade 10:
1. Relate personal values and influence of other's values on career choice.
2. Explore the career clusters in depth based on interests, values and abilities. Gain planned work experience.
3. Match individual abilities and interests with skills and processes needed in career clusters.
4. Develop personal and social interaction skills related to in-depth study of one-career cluster.

Grade 11:
1. Make a commitment to the selection of a career based on individual attitudes, values and education.
2. Modify and/or accept differences between the individual's personal values and the influence of others on career choices.

Grade 12:
1. Analyze career and life-style decisions as related to planned goals.
2. Develop self-confidence in anticipated career choice.
3. Apply self-awareness experiences to assure success in a realistic career, and life-style plan.
4. Reassess abilities, interests and attitudes according to selected career and life-style. Determine further requirements needed.
5. Understand the financial and legal instruments that govern and protect the worker. Relate this to various roles assumed in the economy.

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NARRATIVES SECTION

An Introduction

This section of the curriculum guide is an attempt to give accurate, current information to the classroom drug educator in all areas of drug education. These narratives are paralleled with the curriculum guide in all grades and all academic areas. However, the information may be used separately when students and teachers are confronted with that "teachable moment"—when the students' quest for knowledge in drug education is outside the realm of a structured class session.

HAPPY DAYS ARE HERE AGAIN

Since the beginning of time, man has experimented constantly with drugs for medicinal purposes and in an endless quest for an escape from reality. References to the desirable effects of opium, perhaps the first true drug of abuse, and its major constituents are as old as recorded history.[1] In the Sumerian tablets of the eighth century B.C., are found the earliest references to the opium producing poppy plant.[2] The Sumerians cultivated the opium poppy plant in order to extract its juice. The knowledge of opium's medicinal properties spread from the Sumerians to the Babylonians and from them to Persia, Egypt and Greece. Homer wrote in the *Iliad* that the poppy had the power of "inducing forgetfulness of pain and the sense of evil." Sprinkled with honey over food, the poppy seed was a Roman favorite.[3] In the seventh century B.C., opium was used medically by Assyrian physicians. Even the Greek physician Hippocrates, though not an advocate of opium, recommended the juice of the poppy as a cure for many afflictions.[4] Two other early civilizations, the Aztecs and the Incas, discovered the stimulating effects achieved when the leaves of the Erythroxylon coca plant were chewed and the drug cocaine was released. Natives of the Peruvian Andes claimed that fatigue was forgotten, physical strength was improved and intellectual capabilities were increased upon chewing the coca leaves.[5]

The use of marijuana was reportedly first described by the Emperor of China, Shen Nung, in the twenty-eighth century B.C., when he "recommended the medicinal properties of hemp for the relief of female weakness, gout, rheumatism, malaria, beriberi, constipation and absent-mindedness."[6] The intoxicating properties of marijuana were known among the Assyrians about eight B.C., and historical sources say that when marijuana reached India, its use became part of the Hindu religion. Arabic and Persian literature mentioned hemp and the Moslems introduced its euphoric qualities to northern Africa and other lands bordering on the Mediterranean as they moved westward at the beginning of the seventh century A.D.[7] By 500 A.D., Cannabis had reached nearly all of Europe and Islamic physicians were prescribing it for a variety of ailments. But traveling vendors also were selling concoctions of marijuana as an aphrodisiac.[8]

Marijuana, often called hemp, was used during the Revolutionary Period to make rope for ships. The hemp plant played an important part in our economy in the 1850's as a source of rope. Even prominent Americans such as George Washington and Thomas Jefferson were reported to have grown hemp. Up until 1937, marijuana was prescribed by physicians for its medicinal effects.[9] Today, though, it is debatable whether marijuana has any medical value.

Marco Polo, the famous world traveler, wrote about the use of hashish among Hasan and his Assassins in eleventh century Arabia. It was said that Hasan rewarded his followers for successful assassinations by feeding them a preparation made from the resin of the female hemp plant.[10] The Assassins were intoxicated with hashish before being sent out on their missions and Hasan also used the euphoric properties of hashish to entice younger men to join his Order of Assassins. Other references to the use of hemp appear in the tales of the Arabian Nights.

Since early physicians were concerned with the symptoms of the ill, they soon found that opium was an effective pain reliever and sleep inducer. During the Christian period, it was also administered for cough and diarrhea as it is today. In Renaissance Europe opium also was used to treat hysteria, thus becoming one of the first therapeutic agents for a mental disorder.[11] As the medical value of opium spread, so did its abuse. But it was not until the seventeenth century that the use of the drug became popular solely for its psychological effects. Addiction was recognized as a serious problem after opium smoking had become profitable and widespread in China.

In the eighteenth century, the Chinese Emperor Yung Chen tries to prohibit the smoking of opium because it had become so prevalent; but his demands were mostly ignored. By 1839, opium use had become such a serious problem that the Chinese government demanded the surrender of all opium stored in Western ships. The ships were held until all opium was surrendered, and the opium was destroyed later.[12]

This new approach was a blow to Western prestige and resulted in great tension. One night a British sailor became involved in a brawl which resulted in the death of a Chinese native. Because the British would not surrender this seaman to the Chinese, the struggle known as the "Opium War" (1840-1842) was begun. The Chinese were defeated and the British under treaty demanded an indemnity of six million dollars for payment of the opium that was destroyed. They then established the greatest port in the Far East—Hong Kong. Opium importation

continued to grow until 1911 when the British and Chinese governments agreed to restrict trade from India as well as the cultivation of the opium poppy in China.[11]

The War Between the States resulted in even more problems concerning addiction. The use of the hypodermic needle, brought to this country in 1856, was probably a prime mover of narcotic addiction. The hypodermic needle was used extensively during the Civil War to administer morphine, a derivative of opium discovered at the turn of the seventeenth century, to soldiers who were wounded or suffered from dysentery. This was its first chance at widespread use. Since the danger of addiction was not fully recognized at this time, many soldiers returned to normal life addicted to morphine. "Soldier's Illness" became a common term at this time and actually meant narcotic addiction.[14]

Many people felt that the use of the hypodermic syringe would provide a method of administering morphine without producing addiction because the drug could not reach the stomach. Based on this idea, the public purchased syringes and morphine without a prescription and began a "do-it-yourself" program. It wasn't until the 1870's that it was recognized that morphine was as addictive as opium.[15]

Heroin, the final derivative of opium, was synthesized in 1874 and is a chemical modification of morphine. It was not accepted genuinely until 1898 when the Bayer Company of Germany began commercial production. It was reported that heroin was ten times stronger than morphine and codeine and was even thought to be a good cure for morphine addiction. It was soon found that heroin created many more addicts at a faster pace and that they were even harder to cure than morphine addicts.[16] Equally important, heroin firmly established the hypodermic needle as the instrument of drug abuse.[17]

After the Civil War, many patent medicines were available that contained morphine and opiate salts. Some good examples were Ayer's Cherry Pectoral, Jayne's Expectorant, Pierce's Golden Medical Discovery and Mrs. Winslow's Soothing Syrup. Drugs such as these were sold to the pioneers by traveling medicine shows as "cure-alls" for everything. They were promoted widely and respected by the settlers of this time. However, the use of opium and morphine as ingredients in patent medicines became so universal in this country by the turn of the century that the Harrison Narcotic Act of 1914 was passed to stem a rising addiction rate among United States citizens.[18]

The use of alcohol is as old as man himself. Whether primitive or sophisticated, ancient or modern, people of almost every nationality and historical period have carried on the custom of using alcohol.[19] In primitive tribes, the custom of drinking alcoholic beverages was a deep-rooted one that was closely associated with their tribal life and rituals. Beer and wine especially played an important part. Marriage, ceremonies for honoring the dead, the rites of passage initiating the young into adulthood, and important decisions were generally accompanied by sessions of brewing and ceremonial drinking.[20]

In early and medieval Europe, the use of wines and beer at meals was thought to improve the taste of the dried and smoked meats and unappetizing vegetables. It was easily stored, did not spoil and had a flavor that was definitely better than that of the available water. The process of distillation, developed in the Orient before the Christian era, became known in Europe about the eleventh or thirteenth century. Because distillation significantly increased the alcohol content over that found in brewed or fermented beverages, it "was a significant step in the development of drinking customs. . ."[21] The production of alcoholic beverages, at this time, had become an important part of many a nation's economy.

Ethyl alcohol has long been used for medicinal purposes as well as for antiseptic reasons. The basic ingredients for alcohol production have been around for millions of years. It has a long history of medicinal use and at one time was among the most widely prescribed drugs. Alcohol was probably one of the first tranquilizers known to man.

Among the many beliefs brought by the settlers, perhaps the most important was the use of alcohol for its health-giving qualities. For this reason, alcoholic beverages were in great demand in the wild American frontier. The settlers believed a good pot of ale could give a man the strength to face the giant-sized tasks facing him. Travel was difficult at this time and doctors were scarce; therefore, there was nothing like a spot of rum or beer to ward off chills and fever. By 1750, rum was widely used by the colonists for such purposes. The distillation of rum was a very profitable industry, and it was also a source of triangular trade between New England, the West Indies, and Africa.[22]

The North American Indians adopted from the Mexicans the practice of using peyote in their religious rituals. This practice goes back to the early Aztecs who worshipped a variety of mushrooms and cacti and thought that peyote was "the flesh of the gods." "The Mexicans, as they turned to Christianity, continued to regard the plant as "the flesh of gods" and . . . the natives sought out the divine plant calling it the nourishment of the soul as well as the food for the body."[23] The Indian peyote rites are observed by the Apaches, the Omahas, the Kiowas, and the Comanches to name a few. The peyote drug is taken in the form of "mescal buttons" (thick, fleshy slices of the cactus which have been laid in the sun to dry). Whereas the Christian missionaries tried to prevent the Indians from using peyote by claiming its users went to the depths of hell, the Indians simply replied that it really brought them closer to heaven. During the 1900's, a controversy concerning the lawful use of peyote in the religious rites of the Native American Church of North America (the Peyote Society) has raged on. Finally in 1964, the Supreme Court of California ". . . decided that the Indians did have a right to use peyote as a sacramental symbol since it was used by a

Christian Church in place of bread and wine."[24]

In addition to presenting peyote to North America, the Indians were also the ones to introduce tobacco to the "white man." Tobacco usage dates back to the Aztecs of Mexico and the Incas of Peru. When Columbus discovered America in 1492, he found the Indians smoking. They used tobacco in various ways—cigars, pipes, chewing tobacco, snuff; but the greatest use was in pipe smoking. The American Indians smoked the "peace pipe" during ceremonials of political and public importance. "To them this was an act of mutual trust . . ."[25] The Indians also thought tobacco had some medical value. Up until the 1600's it was used as a form of medicine in Europe. Jean Nicot, French Ambassador to Lisbon, recommended tobacco for its medicinal value—thus the word nicotine.[26] Today we know that tobacco has no medicinal properties.

Sir Frances Drake encouraged the smoking habit when he returned to England in 1586 with tobacco leaves, seeds, and clay pipes he had seized in the West Indies. Sir Walter Raleigh was responsible for popularizing tobacco's use and making it respectable in the English high society. It is astonishing that tobacco caught on so quickly in England because the nicotine content of the material that they smoked was much higher than the smoker today could tolerate. Snuff was a very popular form of tobacco during this period in Europe. It could be chewed, inhaled through the nose, or rubbed on the gums and teeth. Its widespread use was attributed to the fact that "everyone was doing it."[27]

Tobacco has been cultivated in America since the beginning of the first settlement in Jamestown, Virginia. John Rolfe, the husband of Pocahontas, is credited with developing tobacco as a money crop in Virginia.[28] From there, its cultivation spread to other colonies and soon tobacco became a "major source of income and a medium of exchange for other products."[29] Before the Civil War, the major use of tobacco was for pipe smoking, although tobacco chewing was prominent then and has since been established as an old American custom.[30]

Many synthetic drugs have just recently made it on the drug scene. The first of the synthetic sedatives, chloral hydrate, was discovered in 1868 and gained immediate popularity because of its sleep-producing effects. In 1883, paraldehyde, which was similar to chloral hydrate, was introduced. Together they soon gained notoriety in criminal circles where they were used as "knock-out drops."[31] Barbiturates were introduced into medicine with the discovery of Veronal by two German scientists in 1903. They found they could control the effects that could vary from slight sedation to deep anesthesia.[32] The Germans were also the first to recognize the addicting properties of barbiturates including withdrawing symptoms consisting of convulsions and psychosis resembling alcoholic delirium tremens.[33]

After amphetamine was synthesized by George A. Alles in 1927 and found to relieve nasal congestion, the benzedrine inhaler was introduced by a pharmaceutical company in 1932. The company later introduced dextroamphetamine in 1945 when they found the drug had helped obese patients lose weight. It also counteracted drowsiness caused by some drugs used in the treatment of epilepsy and was helpful in reducing anesthesia after surgery.[34] The students at the University of Minnesota in 1936 were perhaps the first to discover that amphetamines could help them stay awake while studying for exams. During World War II, airmen took amphetamines to stay awake and alert when flying long, dangerous missions. Even United States astronaut Gordon Cooper took an amphetamine capsule to keep alert for his re-entry on manual controls. Amphetamine abuse has since rapidly spread among the public. The benzedrine inhaler became so abused that finally nothing was left to do but take it off the market in 1949. A central nervous system stimulant closely related to amphetamine, methamphetamine, was widely used by the German army during World War II to encounter fatigue among the troops engaged in prolonged missions with as little sleep as possible.[35]

As long as mankind believes in the "quick cure" method of our society and in the quackery of chemical pleasures, the problems associated with use and abuse of psychoactive substances will continue.

FOOTNOTES

[1]George B. Griffenhagen, "A Brief History of Drug Abuse," *Teaching About Drugs: A Curriculum Guide, K-12* (Kent, Ohio: American School Health Association, 1970).

[2]Louis Relin and Robert L. Sharoff, *Narcotics and Drug Addiction* (Chicago, Illinois: Budlong Press Company, 1969), p. 5.

[3]Walter L. Way, *The Drug Scene: Help or Hangup?* (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1970), pp. 5-6.

[4]New Jersey Department of Education, *Drug Abuse: A Reference for Teachers* (Trenton, New Jersey: New Jersey Department of Education, 1968), p. 2.

[5]Way, *op. cit.*, p. 7.

[6]Bureau of Narcotics and Dangerous Drugs, *Marijuana, 1972* (Washington, D.C.: U.S. Department of Justice, 1972), p. 9.

[7]*Ibid.*

[8]Griffenhagen, *op. cit.*, p. 127.

[9]Way, *op. cit.*, p. 9.

[10]*Marijuana, 1972, loc. cit.*

[11]Mitchell K. Winn, *Drug Abuse: Escape to Nowhere* (Philadelphia, Pennsylvania: Smith Kline & French Laboratories, 1970), p. 16.

[12]Griffenhagen, *op. cit.*, p. 117.

[13]*Ibid.*

[14] Winn, *op. cit.*, pp. 17-18.

[15]Griffenhagen, *loc. cit.*

[16]*Ibid.*, p. 120.

[17]Winn, *op. cit.*, p. 19.

[18]Way, *op. cit.*, p. 7.

[19]Raymond G. McCarthy and John J. Pasciutti, *Facts About Alcohol* (Chicago, Illinois: Science Research Associates, Inc., 1967), p. 15.

[20]*Ibid.*, pp. 15-16.

[21]Raymond G. McCarthy and Edgar M. Douglass, *Alcohol and Social Responsibility* (New York: Thomas Y. Crowell Company and Yale Plan Clinic, 1949), pp. 4-5.

[22]McCarthy and Pasciutti, *op. cit.*, pp. 17-18.

[23]Griffenhagen, *op. cit.*, pp. 130-131.

[24]*Ibid.*, p. 131.

[25]Robert Spillane, *You and Smoking: Choose for Yourself* (New York: Ramapo House, 1970), p. 1.

[26]*Ibid.*, pp. 1-2.

[27]*Ibid.*, p. 2.

[28]Texas Alcohol and Narcotics Education, *Tobacco and Health* (Dallas, Texas: Tane Press, 1966), p. 10.

[29]Spillane, *op. cit.*, p. 2.

[30]*Ibid.*, p. 3.

[31]Griffenhagen, *op. cit.*, p. 126.

[32]*Ibid.*

[33]*Ibid.*

[34]*Ibid.*

[35]*Ibid.*

HISTORY OF DRUG LEGALITY AND EDUCATION IN ALABAMA

Long before Alabama was colonized, it was inhabited by a tribe of Indians known as the Alibamos. This was a small tribe and, according to folklore, "many of the tribe returned to the ground because they were frightened by the hooting of an owl." These Indians lived in caves and probably would have stayed in those caves had it not been for the white settlers' stratagem. They placed casks of taffai (white man's fire water or cheap rum) near the caves. After drinking the spirits, the Indians began an orgy of singing, dancing, and reveling and were caught by the white man.[1] Thus, even before adequate recording of history in Alabama, drug abuse had begun. Much later, but before Alabama became a state and was a part of Mississippi, a half-breed Choctaw chief, Greenwood Leflore, was a Senator in the legislature from this area. He made an eloquent plea for Indians, claiming the white man sold them "fire water" which promoted their debauchery. Leflore accused the white man of purposefully getting the Indian drunk so that the native would sell his lands for a mere pittance.[2]

During the colonial times, the serving of alcoholic beverages was an accepted custom. Nevertheless, in New England, public drunkenness was punished by a fine or a stay in stocks. A repeater might even be whipped publicly. The Puritans, Quakers, and Wesleyans preached using drink to moderation. Benjamin Franklin, called "St. Monday" a holiday taken to recover from weekend dissipation. This expression is the origin of our American term, "Blue Monday." Franklin records that one reason for widespread drinking in the early days of American history was the common misconception that alcoholic drinks really added to a workman's strength and endurance.[3]

As early as February 18, 1848, an Alabama Act regulating sale of alcohol to students was approved "to prevent the giving, selling, or delivering of any kind of spirituous, fermented or other strong liquor to any student or pupil of the University of Alabama, or of any Academy or school of this State."[4] The further provisions of the Act stated that "if any licensed retailer of spirituous liquors, or other person or persons who keep spirituous or fermented liquors for sale should commit this act, he (they) shall be liable to indictment for each and every such offense, and shall be subject to a fine of from $50 to $500."[5]

The earliest laws in Alabama concerning mind-altering substances specifically mandated instruction on narcotics, stimulants and tobacco. However, all attempts through the late 1960's to introduce drug education into the curriculum of the Alabama schools were mainly directed to alcohol education, or temperance education, as it was called.

The first of these Alabama Drug Education laws was enacted on February 4, 1891. It was approved to:

> . . . provide for the teaching in the Public Schools, of Physiology and Hygiene, with special reference to the effects of alcoholic drinks, stimulants and narcotics upon the human system.

One of the important provisions of this Act was as follows:

> . . . instruction shall also be given as to the nature of alcoholic drinks and narcotics, and special instruction as to their effects upon the human system, in connection with several divisions of relative physiology and hygiene, and such subjects shall be taught as regularly as other branches are taught in said schools.

A second provision related to the teacher and his knowledge of the nature of narcotics and alcoholic drinks:

> . . . no certificate shall be granted hereafter to any new applicant to teach in the public schools of Alabama who has not passed a satisfactory examination in the study of the nature of alcoholic drinks and narcotics, and of their effects upon the human system, in connection with the several divisions of the subject of physiology and hygiene.[6]

The moral issue of temperance was added to the practical question of liquor control very soon after Alabama's entrance into statehood. Throughout the period which preceded the Civil War, this issue grew in importance in the public mind. The adoption of prohibition in the United States was not sudden, and its adoption in Alabama did not come until during that third prohibition wave which began in 1907 and continued until the adoption of national prohibition through the ratification of the Eighteenth Amendment to the Federal Constitution, which became effective on January 16, 1920, when 33 of the States (Alabama being one of them) were already under statewide prohibition.

During the years 1882 and 1903, under the compelling influence and leadership of Frances E. Willard, every state in the Union passed laws making mandatory the teaching of the effects of alcohol on the human mind and body to all public school students.

Alabama joined the ranks in 1901 when it was written into our school laws: "The county and city boards of

education and the county superintendents and the superintendents of city schools, and all boards of directors and presidents of all schools and colleges, supported in whole or in part by public money, or under state control, shall respectively require and provide that *regular* instruction shall be given in all grades of all said schools and colleges under their supervision, direction or control, as to the nature of alcoholic drinks, tobacco and other narcotics, and their effect upon the human system."[7]

This law placed the responsibility of making alcohol education a definite part of the required curriculum on the shoulders of Alabama school superintendents, teachers, and other education administrators. These laws were passed primarily at the insistence of the Women's Christian Temperance Union.

On the heels of Alabama's dry laws came an Alabama Act on August 19, 1909:

> To educate the children of Alabama on the evils of intemperance. Be it enacted by the Legislature of Alabama:
>
> 1. That it shall be the duty of the State Superintendent of Education of the State of Alabama to have prepared and furnished to the teachers in the public schools placards printed in large type upon which shall be set forth in attractive style statistics, epigrams and mottoes showing the evils of intemperance especially from the use of intoxicating liquors.
>
> 2. That it shall be the duty of the said State Superintendent of Education to make changes in the matter printed on the said placards from time to time as he may deem proper and that he shall at all times keep the public schools of Alabama provided with a sufficient number of said placards to post one of them in every schoolroom of Alabama.
>
> 3. That the expenses of printing and expressing the said placards shall be paid out of the State Treasury on an account made out by the said State Superintendent of Education and approved by the Governor, and the Auditor shall draw his warrant for the same.
>
> 4. That it shall be the duty of every public school teacher in the State to keep one of the said placards posted in a conspicuous place in the schoolroom occupied by such teacher.
>
> 5. That it shall be the duty of the county superintendent of education and the district trustees to assist in the carrying out of the provisions of this Act.
>
> 6. That there shall be one day in each scholastic term of the public schools set apart to be known as Temperance Day when a suitable program shall be prepared to the end that the children of Alabama may be taught the evils of intemperance.[8]

An effort to get better Temperance instruction was initiated through the passage of the Alabama Department of Education Public Schools Laws, 1915-22, "The county and city boards of education and the county superintendents and the superintendents of city schools, and all boards of directors and presidents of all schools and colleges, supported in whole or in part by public money, or under state control, shall respectively require and provide that regular instruction shall be given to all grades of all said schools and colleges under their supervision, direction or control, as to the nature of alcoholic drinks, tobacco and other narcotics, and their effect upon the human system."[9]

The 1927 Alabama School Code, known as Temperance Education, placed the responsibility of making alcohol education a definite part of the required curriculum on the shoulders of school superintendents, presidents of colleges and institutions, and teachers. (See Sections 536-546.)

At this time there were the following weak points in the prevailing philosophy of the public at large that were reflected by the current laws:

1. The evil of alcohol is in the bottle rather than influences on the human personality; e.g., strains, stresses and maladjustments.
2. Discussion and information emphasize fear and emotionalism, though the underlying problem may be physical, economic or social.
3. The *responsibility* for the underlying causes of intemperance is not assumed by society.

In 1937, Alabama became the first state in the Union to place a supervisor in the State Department of Education for Temperance Education. This was official recognition from education that there is a need for this type work among our nation's youth.

That same year, another significant event occurred in Alabama. Although Prohibition (Eighteenth Amendment) was repealed in 1933, Alabama remained dry and did not adopt the ABC Law until 1937 (and then only 24 counties became "wet"). This was such a hard fight that Governor Graves felt the work of temperance should be placed in the schools. According to the preamble of the ABC Law, the problem was identified "to promote temperance and suppress the evils of intemperance; to regulate and control the manufacture, purchase, bottling, sale, distribution, transportation, handling, advertising, possession, dispensing, drinking and use of alcohol. . ."[10]

In 1947, Alabama again led the way for the Nation. For the first time, a state appropriated enough money to start a drug education program. In that year, the Ala-

bama Legislature provided $40,000 the first year and $25,000 the second year for Temperance Education for the biennium 1947-49. The $25,000 annual appropriation was continued in 1949. This money became a part of the funds of the State Department of Education for the employment of a supervisor of Temperance Education and for temperance education in the schools and colleges of the State.

In February 1949, a supervisor of Temperance Education was selected through competitive examinations held by the state merit system for this position. That same year, formal training of in-the-field teachers in temperance education was begun.

Through the 1950's and 1960's, Temperance Education continued efforts in the Alabama schools. Materials in Alcohol Education were distributed in public schools. Alcohol symposiums and workshops were given for teachers and interested citizens. A limited film service was established with available films in Alcohol Education supplied to school classrooms and civic/community groups.

In June of 1970, the basic sciences section of the SDE received approval for a HEW $58,000 Grant for the National Drug Education Training Program. Under the provisions of this grant, a statewide teacher training program was organized. Regional workshops were arranged throughout the State where SDE consultants trained educators in the rudiments of drug education.

Alabama's Drug Abuse Education Act of 1971, Act No. 1934, passed during the 1971 regular session of the Legislature, established a program of drug, narcotic, alcohol, and tobacco education for the schools of the state. It charged the Alabama State Department of Education with the responsibility of developing a comprehensive drug education program for all youth, grades 1-12. At this time, the Temperance Education Unit was absorbed into the present Drug Education Unit.

During the summer of 1972, a curriculum workshop was held in an effort to develop content materials for drug education in grades 1-12. This curriculum had an interdisciplinary approach; i.e., pharmacology of drugs written in science curriculum at appropriate grade levels, legal aspects of drugs in civics, history of drugs in history curriculum, social aspects in language arts, social studies, etc. The content outline distributed relevant information concerning drugs within existing curricula sequentially. The principle "education in context" was cardinal in this program. Emphasis on elementary curriculum was important because this is the level when behavior patterns are developed.

In the summer of 1973, the interdisciplinary curriculum content outline was expanded into a complete resource guide for teachers, grades 1-12.

In 1973, the Alabama State Department of Education was selected as one of eleven pilot projects by the United States Office of Education. It was selected for its interdisciplinary approach to drug education and its promise of success. As a result, the Birmingham City and Mobile County school systems received funding to serve as model components.

The goal of this project was to implement and demonstrate the feasibility of the interdisciplinary curriculum developed by the SDE. The curriculum was designed on a three-year cycle. During each year of the first cycle, baseline data was collected to be used in evaluating the long-range effectiveness of the curriculum.

As the metamorphosis of Drug Education continued, SDE consultants expanded the drug program by sponsoring projects for public information, designing workshops and intense drug education courses, and disseminating factual information (pamphlets and audio-visuals) to reach as many of the State's population as possible.

The Drug Education Unit Specialists have also worked closely with colleges and community agencies in sponsoring programs for the public. Every attempt has been made to satisfy particular needs within a general location. Some communities may request programs which are structured to transmit only factual information, while others may desire aid in establishing ongoing programs in all aspects of drug education. The Alabama SDE has been cognizant of the need to help not only school systems, but all segments of communities in attempting to create and perpetuate good educated use of drugs.

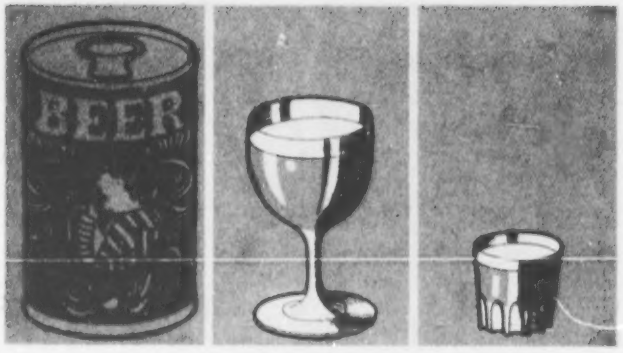
The SDE realizes that an amalgam of services are necessary in meeting the needs of teachers, administrators, counselors and interested civic groups. The department has made available one-day workshops throughout the state, in-service programs in the schools of Alabama, demonstrations in classrooms, K-12, structured course work on graduate level for training interested teachers, and revisions to the original drug education curriculum guide. Films, Filmstrips, and pamphlets in current drug education are disseminated to schools and civic groups when requested.

The Drug Education Unit is concerned primarily with prevention; however, the need exists to keep open communication with treatment and rehabilitation agencies, law enforcement, research agencies. It was this realization that resulted in the Alabama State Department of Education organizing the State Interagency Council on Drug Abuse in 1970.

Alabama began at the head of the class with its early drug education laws beginning in 1901. It has proven a leader in this Nation through the initiation and implementation of the laws within the State's schools. With continued interest in drug education, it has remained a leader.

FOOTNOTES

[1]Moore, A. B. *History of Alabama,* University of Alabama Press.
[2]Ibid.
[3]Taylor, Eva. *Keeping Our Balance,* Signal Press.
[4]*Acts, First Biennial Session* (1847), p. 63.
[5]Ibid, p. 65.
[6]*Public Schools Laws of the State of Alabama* (Charlottesville: Michie Co.), 1970.
[7]Ibid.
[8]Ibid.
[9]Ibid.
[10]Ibid. pp. 447-456.
[11]"*Alabama Beverage Control Board, 41st Annual Report*" (Montgomery: State Department), October 1977.



Alcohol

The number one drug of abuse in our society today is alcohol. Alcohol can have a devastating effect not only on the abuser but also on society in general.

When studying the effects alcohol can have on individuals as well as on society, there are several areas worthy of concentration. Some basic areas for consideration may be (1) chemical makeup of alcohol, (2) the immediate and long-term effects of the drug, (3) why people drink, and (4) what our laws say about its use.

Alcohol is erroneously viewed by many as a stimulant, but chemically it can be compared with ether and, like ether, it is a depressant drug. It takes two alcohol molecules minus the water to comprise ether.

Alcohol + Alcohol − Water = Ether

$C_2H_5OH + C_2H_5OH - H_2O = Ether$[1]

Alcohol has been used as a pain reliever and an anesthetic for hundreds of years, although not very effectively. One reason is the great variation and different effects it has on individuals. Because of the size, weight, mental state of a person, and general chemical differences in individuals, the dosage cannot be standardized.

Alcohol is a drug that one must learn to drink, just as one must learn to drink coke, coffee, and tea. It contains calories but cannot be considered a food since it has no food value. The beverage does not taste good and causes the mucous membranes of the throat to dry out.

Short-term effects are those which appear rapidly after alcohol is taken and disappear after a few hours or a day. Therefore, the first effect a person has after having taken a drink (not mixed) is to cough because of the dryness of the mucous membranes. After the substance gets into the stomach, if there is no food to slow down the absorption rate, the gastric lining can become irritated and often inflamed. From the stomach, alcohol enters the blood and liver where it is metabolized at the rate of about one ounce per hour, then the many other physical effects that most people are so familiar with begin to occur. The person begins to "unwind," to get into "the swing of things." This is due to the sedation of the cortex and hypothalamus which controls the intellect, inhibition and respiratory centers. A person begins to say and do things they would normally not do if they were not under the influence of the drug. Normally a person functions with the intellect controlling their emotions [I; however, following the administration of certain drugs, the emotions control ones intellect. E, For example, a person confined to a recovery room following surgery often says incoherent things that medical ethics will not allow anyone to reveal outside that room. The same may be true with a person drinking alcohol. In both instances, what a person says comes out drug effected, with the emotions controlling and not the intellect. Other short-term impairments caused by alcohol use include the loss of reaction time. Since alcohol is a depressant drug, it distorts and slows down our motor processes. The reaction loss following one drink is two-fifths of a second and if an individual is driving and the automobile is traveling at 60 miles per hour the vehicle can travel 34 feet before the foot can get from the accelerator to the brake. While driving at night, peripheral vision after one drink is narrowed 15 percent on both sides. This could make the difference in missing a car or person that might step in front of the automobile. Also, the ability of the iris to change the size of the pupil opening quickly is diminished so that response change in lighting intensity is impaired. Therefore, a person drinking can be temporarily blinded by the sudden appearance of headlights.

As previously mentioned, the emotions control the intellect impairing proper judgment. At a Blood Alcohol Level (BAL) as low as .02 or .03 the elevation of mood leading to further euphoria destroys the brain's ability to make rational decisions. In fact, our entire body is affected to some extent by even small amounts of alcohol. (See Charts on page 50.)

The long-term effects are those provoked by repeated use of alcohol over long periods of time. A level of physically hazardous consumption is reached (i.e., increased risk of cirrhosis, certain cancers, ulcers, and heart diseases) when a person drinks on the average of 10 centiliters or more of absolute alcohol per day. This is equivalent to nine ounces of 40 percent distilled spirits, 26 ounces of wine, 21 ounces of fortified wines, or six 12 ounce bottles of beer per day.

Alcohol has given over 10 million people in America the excuse for becoming addicts. One of every nine (9) adults who drink becomes an alcoholic.[2] Why some people become addicted and others do not is still unknown; however, the most popular theory points to the variation in the chemical makeup of individuals.

The Addiction Research Foundation defines anyone who consumes more than 15 centiliters of alcohol per day as an alcoholic. This is equivalent to 14 ounces of whiskey, 37 ounces of wine, 32 ounces of fortified wines, or 9 bottles of beer per day. As a person continues to drink, his tolerance for alcohol increases. Because tolerance develops alcohol dependence, many people continue to drink throughout the day, but seldom seem to be intoxicated. This type of person may work reasonably well. His condition may go unacknowledged until severe physical damage has occurred or until he is confined to a hospital bed undergoing alcohol withdrawal symptoms.

Many heavy drinkers suffer loss of appetite, vitamin deficiencies, stomach inflammation, infections, skin problems and sexual impotence. Some also develop inflammation of the nerves, liver damage, and disorders of the heart and blood vessels. In severe cases, there may be confusion and/or loss of memory and blackouts. The loss of memory can be permanent.

Rates of death are much higher for heavy drinkers than for light drinkers or abstainers, particularly from diseases of the heart and liver, pneumonia, cancer of the lungs, throat, gullet, mouth, acute alcohol poisoning, accidents, and suicides.

The consistently heavy drinker becomes physically and psychologically dependent on alcohol over a period of time. Physical and psychological dependence also occurs in the taking of other drugs. Physical dependence occurs when the body tissues have adapted themselves to alcohol in order to function "normally." People who are physically dependent on alcohol will have symptoms ranging from jumpiness to tremors and hallucinations when they stop drinking. Psychological dependence occurs when alcohol becomes so central to a person's thoughts, emotions, and activities that it is extremely difficult to stop using.[3]

People may be classified into one of five categories of drinking. There is the 35% of the population who are *nondrinkers*. These people may not drink because of religious reasons, they may not like the taste, or they may be arrested alcoholics. Then there is the 5% of the population who are *social drinkers*. We seldom hear about this group because they do not cause anyone any trouble. The last three groups include the remaining 60% of the population. The periodic *excessive drinker* accidentally or on purpose goes on binges and really gets intoxicated. *The progressive excessive drinkers* are those people who control the frequency, but not the quantity they consume. The last category of drinkers is the *alcoholic*.

Although the sale of alcohol is legal in most parts of Alabama and socially acceptable by millions of Americans, people consuming it are still responsible for their actions while under its influence.

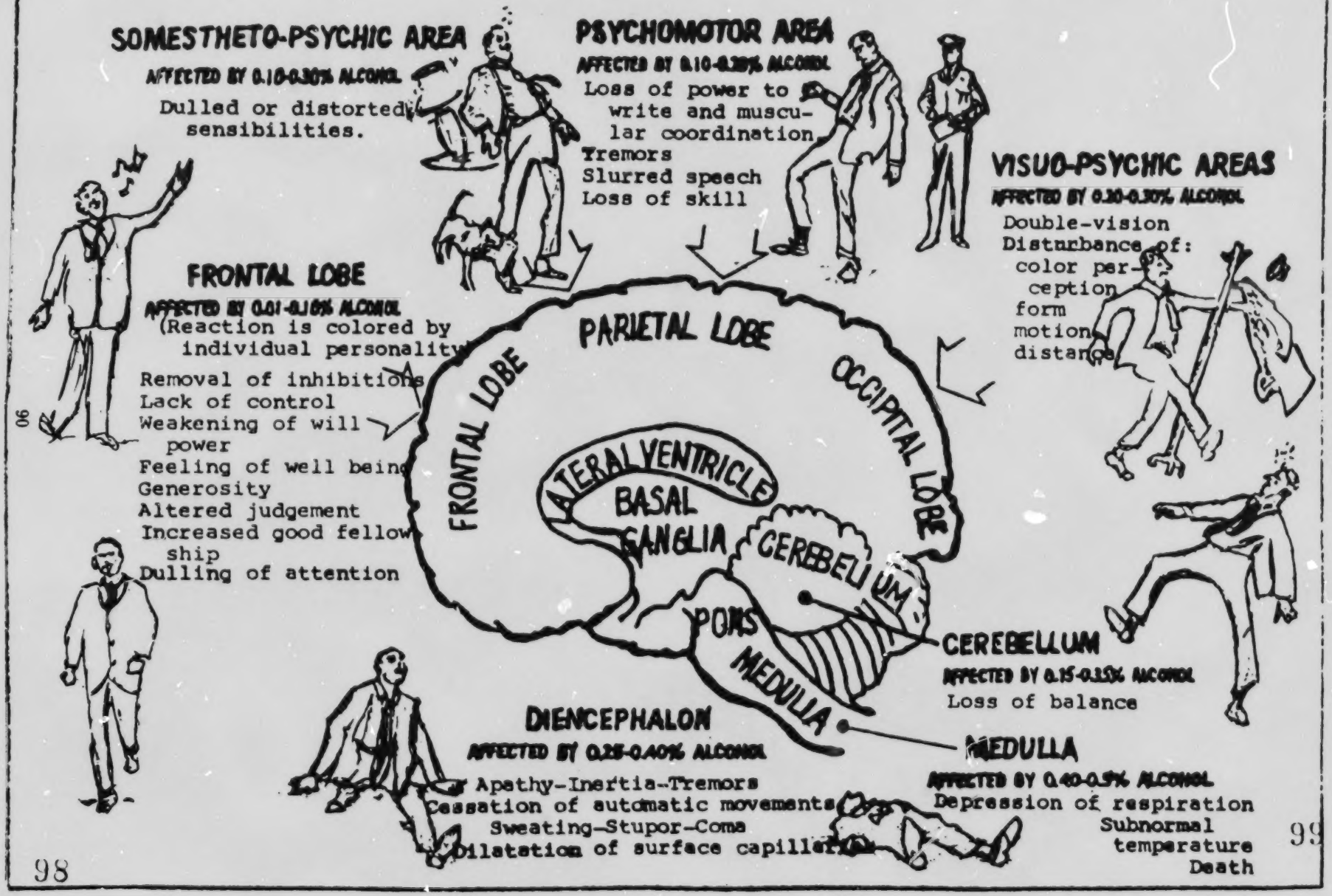
The Alabama Law Title 36, Section 2, says, "It shall be unlawful for any person, whether licensed or not, who is a habitual user of narcotic drugs or any person who is intoxicated, to drive a motor vehicle upon any highway of this state." Therefore, a person caught driving and drinking stands a good chance of losing his/her drivers license, spending up to one year imprisonment (in county or city jail) for the first offense, and paying exorbitant insurance premiums.

When a person has been charged with one Driving While Intoxicated (D.W.I.) offense, assuming his license has not been taken, the individual is considered to be a positive risk by insurance companies. The latest figure quoted for annual insurance premiums in Alabama is $932.00. This only covers $5,000 for personal liability and $10,000 property damage. No collision or comprehensive insurance can be obtained for three (3) years following the arrest and conviction.[4] Title 36, Section 2, further states, "Upon conviction, imprisonment in county or city jail for up to one year or a fine of not less than $100 or more than $1,000 or both can be imposed. The judge can suspend driving privileges for 30 days to one year."

This is a small price to pay when one considers the very real possibility of losing his life or causing the death of another. In the event a drinking driver is responsible for the death of another individual, he can be charged with first degree murder and sentenced to life in prison. This penalty may sound unbelieveable, but as of this date there have been three such convictions in Alabama. The State Attorney General is presently trying to change the law to mandatory first degree murder charges for persons under the influence of alcohol who are involved in an accident resulting in the death of another individual. The greatest court settlement in the United States against a person charged and convicted of D.W.I. involving a death was 1.75 million dollars. Very few, if any, persons licensed to drive an automobile would carry this amount of coverage.[5]

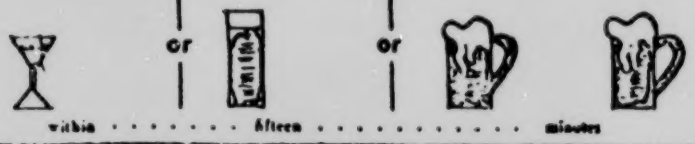
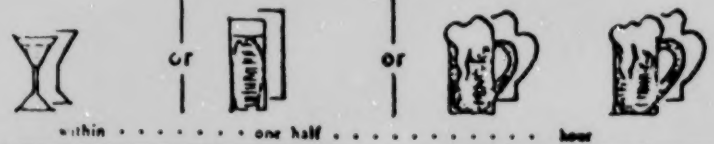
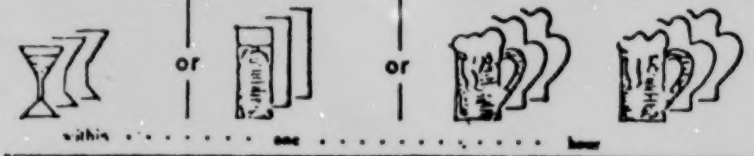
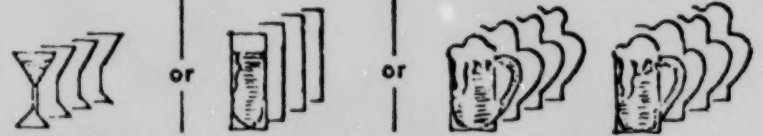
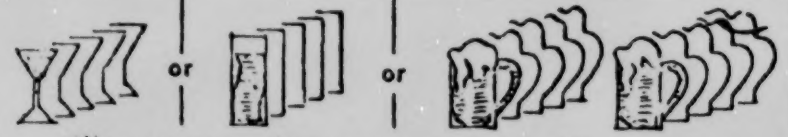
Regardless of the reasons people drink alcohol or how much we know about the drug itself, people have for hundreds of years and will continue to get "high" by using this substance. We can only hope that a person can control the drug and not allow the drug to control him.

THE EFFECT OF ALCOHOL ON THE BRAIN



A WAIT GUIDE *

TO PREVENT ACCIDENTAL INJURIES

IF YOU DRINK			effects	alcohol concentration in the blood	WAIT** before starting tasks requiring judgment skill and coordination
cocktails	highballs	beer			
 within ..... fifteen ..... minutes			If even one cocktail is taken on an empty stomach, absorption may be so rapid that alcohol piles up in the blood stream for a brief period and produces an exaggerated effect for a short time.	.03%	AT LEAST ½ hour
 within ..... one half ..... hour			Warmth--mental relaxation--decrease of fine skills--less concern with minor irritations and restraints.	.06%	AT LEAST 1 hour
 within ..... one ..... hour			Buoyancy--exaggerated emotion and behavior. Talkative, noisy or morose. Perceptible loss of fine coordination.	.09%	AT LEAST 2 hours
 within ..... two ..... hours			Clumsiness--unsteadiness--tunnel vision.	.12%	AT LEAST 3 hours
 within ..... three ..... hours			Intoxication: Obvious and unmistakable impairment of bodily functions and mental faculties. Even after considerable alcohol has been eliminated, acute hangover symptoms remain.	.15%	AT LEAST 5 hours

* Based on a 150 lb. person. The effects will increase or decrease with corresponding weight differences.

** After finishing the last meal.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
ENVIRONMENTAL HEALTH SERVICE
Environmental Control Administration
1970

FOOTNOTES

[1]"Father Martin's Chalk-talks on Alcoholism" Maryland State Department of Health: Mental Hygiene—U.S. Navy Human Resource Project.

[2]"D. W. I. Counterattack Program" Syllabus—Regional Alcoholism Council (Blount, Jefferson, St. Clair).

[3]"Facts About Alcohol," Addiction Research Foundation of Ontario (September, 1975).

[4]Interview with Dr. Allen C. Graves, Assistant Professor, Criminal Justice, U. A. B. (January, 1977).

[5]*Ibid.*

[6]*Alcohol—Do You Know Enough About It?* Addiction Research Foundation of Ontario (1975).

[7]"A Wait Guide to Prevent Accidental Injuries"—Department of Health, Education, and Welfare, Environmental Control Administration (1970).

[8]J. George Strachan, *Alcoholism: Treatable Illness* (Vancouver: Mitchell Press I td., 1968).

Narcotics

The term narcotic, which originally referred to a variety of substances inducing an altered state of consciousness, in current usage means opium, its derivatives, or synthetic substitutes that produce tolerance and dependence, both psychological and physical.[1] Opium, derived from the oriental poppy, *Papaver somniferum*, is converted into a morphine base and from this substance such drugs as herion and codeine are synthesized.

Narcotics are especially useful in the practice of medicine for the relief of intense pain; they are the most effective analgesics known. They are also used as cough supressants and as a remedy centuries old for diarrhea.[2] The opiates have been used both as medication and for pleasure since prehistoric times. For centuries, people drank a tincture of opium called laudanum for sedation or to depress coughing or counter diarrhea. By the middle of the 19th century, morphine had been isolated in a pure form which could be used in the preparation of solutions. With the introduction of the hypodermic needle, injection of these solutions became the common way to take them. Today, of the 20 components of opium—the alkaloids—only morphine and codeine are still in widespread clinical use.[3]

The continued use of narcotic drugs can lead to both physical and psychological dependence. Tolerance development is seen also as a person becomes more dependent on one of these drugs. When the narcotic addict stops taking the drug and withdraws without the aid of medication, it is known as "cold turkey." This is a most painful process and may be one of the chief reasons addicts are hesitant to try to end their habits. It has been reported that a person can be withdrawn physically from heroin within ten days to two weeks; however, the psychological dependency may continue and prohibit a person from "kicking the habit."

The opiate-like drugs act as depressants on the central nervous system. They are very effective as pain relievers as well as causing lethargy, drowsiness and general confusion. Other effects may include constipation, flushing of the skin, depression of the respiratory system, and constriction of the pupils of the eyes. Due to the fact that many addicts do not eat properly, malnutrition may be evidenced. Those who use the drugs intravenously may suffer from diseases related to unsterile needles and other paraphernalia. There is, of course, the possibility of death from an overdose.

Morphine is a narcotic drug of abuse which has legitimate medical use. It is most effective as a pain reliever. As for its illegitimate use, morphine produces euphoria and is prominent in the drug abuse scene. Tolerance builds very rapidly and physical addiction can occur along with psychological dependence.

Probably the most popular opiate of abuse is heroin. This drug produces a type of euphoria that makes it the choice of the narcotic addict. It is usually mixed with water or some other liquid and injected. It can be inhaled or taken orally, but mainlining the drug gives the abuser a more desired effect.

The street junkie does not take pure heroin. This drug is usually diluted with substances such as quinine or milk sugar. Many addicts take a concentration of less than five percent heroin. Heroin addiction is a most expensive habit and costs some addicts as much as $100 per day or more. It can be observed readily that as herion addiction rises in a community, so does the crime rate. Most addicts cannot support their habits financially and may resort to stealing in order to get money for the next fix. Also, the cure rate for heroin is very low and most addicts return to their habits even after undergoing treatment and rehabilitation.

Codeine is another opiate that is abused but usually in the form of cough syrups. Even though it is less potent than heroin or morphine, codeine withdrawal symptoms do occur.

Meperidine or Demerol is a synthetic narcotic which has medical use but is proven to be an addicting drug with street value. Addiction does not develop as rapidly as with morphine or heroin. The drug is used in hospitals for relief of pain and is a common prescription for post-operative surgery.

Darvon is another synthetic drug that is used for relief of pain. There is some controversy surrounding the effectiveness of Darvon as a pain killer. Some medical personnel claim to find aspirin practically as effective, but others argue that this is not true. It is a fact that some drug abusers find Darvon a satisfactory euphoria-producing agent.

Methadone is a synthetic narcotic that has both medical value and demand as a drug of abuse. For many heroin addicts, methadone has been most effective as a drug which eliminates the craving for heroin. Even though a person addicted to heroin may switch to methadone addiction, the controlled dosage does not produce euphoria and a person can become a productive member of society. Because it is an addicting drug, methadone has found its way on the illicit market. Large doses can produce desired "highs" in some people.

There are other substances which could be listed in the narcotics category. The ones described are, however, the most commonly abused narcotics found at the present time in Alabama.

FOOTNOTES

[1]Drug Enforcement Administration, "Narcotics," *Drugs of Abuse*, (U.S. Government Printing Office, Washington, D.C.) 1977.

[2]*Ibid.*, p. 2.

[3]Addiction Research Foundation of Ontario, "Alcoholism and Drug Addiction," Research Foundation, Toronto. Seventh Printing, January 1978.

Depressants

Man continually has sought relief from pain and suffering, and even in the most primitive societies one can find instances in which man has turned to drugs by utilizing the plant and animal sources in his immediate environment. It was, however, with the development of methods of organic compound synthesis that this search began to yield fruit. The synthesis of barbituric acid from urea and melonic acid produced the oldest of the hypnotic (sleep-inducing) drugs, chloral hydrate, in 1862. This drug soon supplanted alcohol, opium, and Cannabis preparations to induce sedation and sleep. Its popularity declined after the introduction of the barbiturates, but chloral hydrate is still widely used.[1]

The major response obtained from barbiturates is the depression of the central nervous system as they act upon the cerebral centers. They depress brain function and in large doses upset the rhythm of respiration by depressing the brain centers responsible for its maintenance. When properly prescribed and taken, barbiturates act to relieve tension and anxiety. However, if taken in larger doses they may produce drowsiness or sleep.[2] An interesting phenomenon occurs, however, when barbiturates are combined with certain other drugs. If a moderate dosage of a barbiturate is taken in conjunction with a moderate amount of alcohol, the resulting effect may be much greater than the sum of the two dosages taken separately. This occurrence is called synergism because the action of one drug appears to potentiate the action of another.[3] This can result in an unintentional overdose and can easily prove fatal.

An inevitable characteristic of continued barbiturate use is the development of physical dependence. Addiction is generally thought to have three main features: *Physical Dependence*, "a metabolic demand for a certain substance," is characterized by the occurrence of withdrawal symptoms upon discontinued use of the drug.[4] Barbiturate withdrawal can be extremely dangerous and should be supervised by a physician. The severity of these symptoms depends on the dosage and duration of drug use. Withdrawal symptoms for barbiturates may vary with individuals, but generally can be said to be contrary to the effects caused by the drug. Typically, as the intoxication declines, the patient may become restless, weak, and suffer from abdominal cramps, nausea and vomiting. These symptoms will peak around the second or third day and convulsions are generally present at this time. This is the most critical time, as the convulsions, if severe enough, may cause death. Often a physician will be forced to readminister the drug in order to save the patient. Death also may be the result of respiratory failure. Hallucinations and delirium may or may not develop between the fourth and seventh day. These, along with the other symptoms, usually diminish by the eighth or ninth day.[5] *Tolerance* involves the diminishing effect of a drug with repeated exposure to the same dosage. This is really nothing more than cellular adaptation. It appears that one main cause of tolerance is that as the body is subjected repeatedly to the drug, it requires larger amounts to achieve the same effects. It should be mentioned that although one may develop tolerance to the effects of the drug, tolerance for the amount necessary for a lethal overdose develops only to a certain point.[6] *Psychological Dependence*, in which a drug seems to satisfy an emotional need of the user, is often treated as a possible third trait common to addiction.

Barbiturates have medical value. They are used for such conditions as high blood pressure, peptic ulcer, and spastic colitis. When barbiturates are taken in large doses, restlessness, excitement, delirium, and conditions resembling the excitation of an alcoholic may occur. People intoxicated with "downers" are often mistaken for drunks. Disorientation, aggressive behavior, paranoid delusions, and hallucinations often develop in severe cases. Barbiturates and amphetamines are often abused simultaneously. A person doing this may take a barbiturate to induce sleep after being on amphetamines, and a person may take an amphetamine to offset the barbiturate "hangover."[7]

Tranquilizers differ from barbiturates both chemically and pharmacologically. The primary difference in their action is that tranquilizers can affect a depression in mood, anxiety, and motor activity without affecting the patient's state of consciousness. Tranquilizers can be divided into two groups, major and minor, based on their clinical use. The major tranquilizers include phenothiazine and reserpine and have proved useful in alleviating symptoms of certain major psychotic disorders such as schizophrenia. The minor tranquilizers have met with some success in the treatment of certain emotional disorders, relief of anxiety and tension, and also have been used as muscle relaxants. They are probably the most widely prescribed group of drugs in the depressant category. Certain tranquilizers are subject to the same precautionary measures as barbiturates. Chronic use of some of the minor tranquilizers can result in physical dependence with withdrawal symptoms similar to those seen with barbiturates.[8]

A word should be mentioned concerning depressants, which are classified neither as barbiturates nor tranquilizers. One in particular, methaqualone, is classified as a sedative-hypnotic. Chemically it is not a barbiturate, but its pharmacological effects are remarkably similar. It has been widely abused because it was once mistakenly thought to be safe, non-addictive, and to have aphrodisiac qualities. Actually, methaqualone has caused many cases

of serious poisoning.[9] It is prescribed generally for insomnia, but it has been combined with various other drugs and used to treat peptic ulcers, obesity, gastroenteritis, and a host of other disorders. Although methaqualone's effects are similar to those of barbiturates, it appears to act on a different central nervous system site. The exact mechanism by which it exerts its effects is not fully understood. The chronic user of methaqualone can develop tolerance to its effects and physical addiction is not uncommon. Withdrawal symptoms consist of "headache, anorexia, nausea, and abdominal cramps."[10] Again, as with barbiturates, one does not develop complete tolerance to the amount necessary for a fatal overdose. Death may occur from convulsions or respiratory arrest. The action of methaqualone appears to potentiate the action of certain other drugs, notably that of alcohol. A substantial number of deaths have been reported from indiscriminate mixing of methaqualone and alcohol.[11]

FOOTNOTES

[1]Drug Enforcement Administration, *Drugs of Abuse*, "Depressants" (Washington, D.C.: U.S. Government Printing Office, 1977), p. 9.

[2]Public Health Service, "Sedatives" (Washington, D.C.: U.S. Government Printing Office, 1970).

[3]C. M. Darling, "C.N.S. Depressants," Paper presented at Drug Education Workshop, Auburn University (Auburn, Alabama: Auburn University, June 13, 1972), p. 4.

[4]Daniel A. Girdano and Dorothy Dusek Girdano, Drug Education: Content and Methods (reading, Massachusetts: Addison-Wesley Publishing Company, Inc., 1973), p. 143.

[5]Darling, *op. cit.*, pp. 5-6.

[6]Girdano and Girdano, *op. cit.*, p. 142.

[7]Public Health Service, *op. cit.*

[8]Ray S. Oakley, *Drugs, Society, and Human Behavior* (St. Louis: The C.V. Mosby Co., 1972), pp. 148-155.

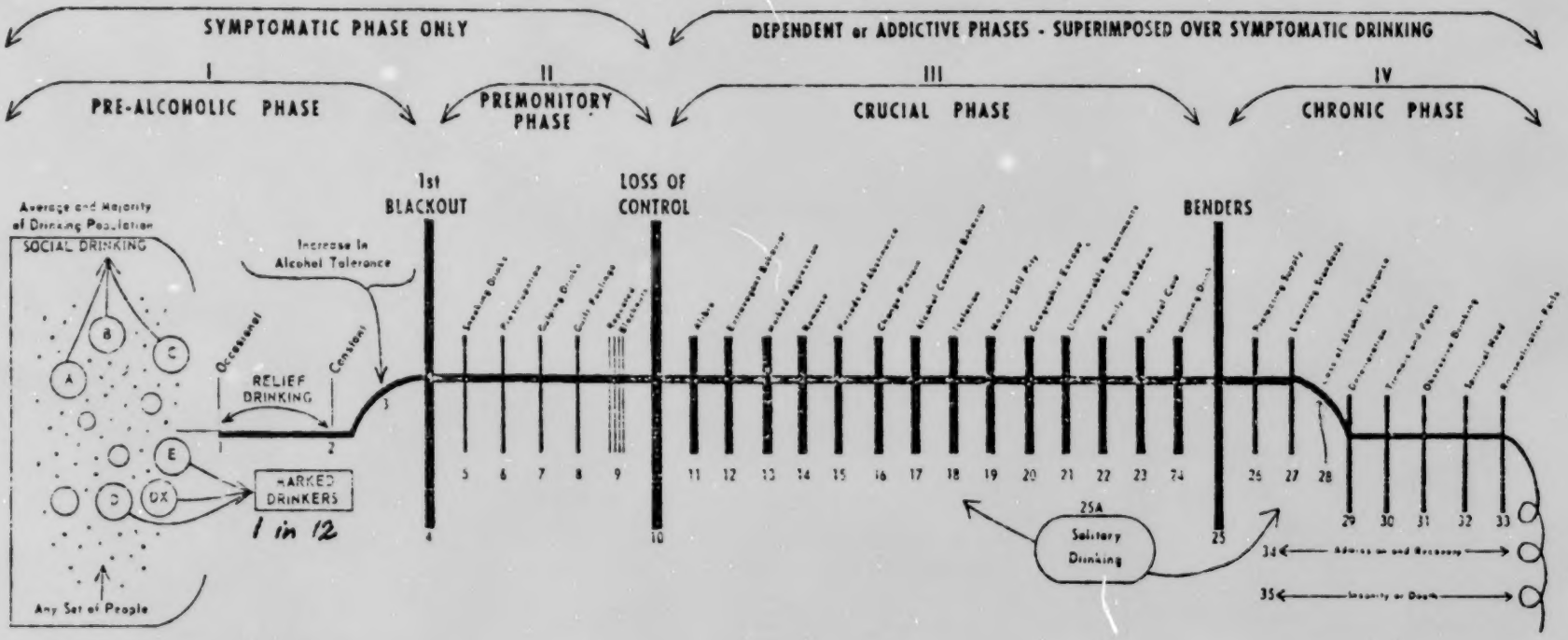
[9]Op. cit. *Drugs of Abuse*, p. 10.

[10]Mary Hagar, "Methaqualone Becomes Major Drug of Abuse." Haight Asbury Report, *The Journal*, Vol. 2, No. 4 (April 1, 1973), p. 9.

[11]"Methaqualone: Dangerous New Abuse Fad Sweeping West?" *Connection*, Vol. 1, No. 2 (Oakland, California: Institute for Social Concerns, December, 1972), pp. 1-5.

PHASES OF ALCOHOLISM

The History or Concurrent Symptoms of Behavior during the Progression of the Illness



The heavy and longer divisional bars indicate major symptoms which denote progression from one phase to another. Light and shorter bars indicate the progressive symptoms of behavior within each phase. Each symptom, as numbered, is noted within the text.

It should be emphasized that these manifestations of behavior do not necessarily follow in the order given - in each case.

1967 65% drinkers in American population
1977 71% drinkers in American population
Greatest increase 13-19 yr olds

J. George Strachan - 1968
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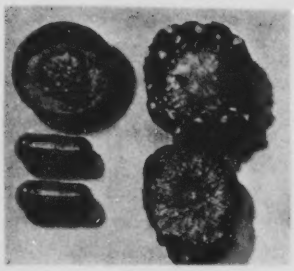


Hallucinogens

The term hallucinogen is applied to any drug which has the principal effect of producing radical changes in the mental state, involving distortions of reality and hallucinations (the perception of phenomena that have no objective reality). These drugs have also been labeled illusionogenic, psychedelic, and mind-expanding. Drugs in the group include LSD, MDA, mescaline, psilocybin, phencyclidine (PCP), PMA, TMA, DMT, STP (DOM), and morning glory seeds. The term hallucinogenic has also been applied to jimson weed, nutmeg, and a variety of mushrooms and some other natural substances. Some other drugs may produce hallucinations if a very high dose is consumed—for example, alcohol and cannabis—but this is not the usual effect expected or experienced by the user.[1]

Synesthesia (the crossing of the senses) occurs with the use of some hallucinogenic drugs. A person may experience a situation in which he visualizes a sound or hears a color such as red or blue. It is virtually impossible to predict the type of "trip" or experience that one may have and herein lies possibly the greatest danger associated with the use of hallucinogens. Some users return to reality and describe their trips with a variety of descriptive adjectives to relate a desirable experience. Others, however, may experience negative hallucinations. There is no guarantee that the first users will have the same pleasurable experience the next time they use the drug.

One of the best-known hallucinogenic drugs is lysergic acid diethylamide, also known as LSD or LSD-25. A common street name for the drug is "acid." LSD is made from a fungus called ergot which is usually found on rye grain. Since the drug has no legitimate use at this time, it is manufactured in clandestine laboratories. These laboratories may be found in the midst of very unsanitary surroundings, thus practically insuring that impurities will be found in the drug. The substance may appear to be a colorless, odorless, and tasteless liquid or a white powder. This does not rule out the possibility that other ingredients may be mixed with the drug in order to alter its appearance.

A phenomenon that may occur with the use of LSD is that of the "flashback." This is the reoccurrence of an hallucination days or possibly even months after the last dose was taken. LSD does not cause physical dependence, but regular use could lead to a psychological dependency. It is also possible that this regular use may enable the user to develop tolerance to the drug.

Mescaline is another hallucinogenic drug which is obtained from the peyote cactus plant. Even though physical dependence is unlikely to occur, the user may develop a psychological dependency. It is doubtful that there are many regular users of mescaline simply because it is not readily available. Rarely is mescaline confiscated even though many users think they are using this drug. It is very easy to take LSD or some other combination of psychoactive substances and color them to look like mescaline. Since this drug causes essentially the same sensations as other hallucinogens, the user may not know the difference. Many people who like to use mind-altering drugs have become afraid of the possible damaging effects of LSD. They then turn to what they think is a safe drug and mescaline emerges as a likely substitute.

Psilocybin is a drug which is derived from the psilocybe mushroom. The reactions to this drug along with the physical and psychological effects are very similar to LSD and mescaline. Psilocybin also resembles mescaline in the sense that it is not easily accessible on the streets.

STP, which stands for "serenity," "tranquility," and "peace," is another illegal psychedelic drug. The chemical name for this compound is dimethoxymethamphetamine, also known as DOM. The drug is reported to be even stronger or more potent than LSD. This may or may not be true, but it is certainly a powerful agent. Again, the effects are very similar to the aforementioned hallucinogens.

DMT, dimethyltryptamine, is another in the growing list of hallucinogenic drugs of abuse. It may be found in the seeds of certain types of plants in South America and other areas, but it is also produced synthetically in illegal or underground laboratories. It too may produce a psychological dependency but not a physical dependency.

PCP (phencyclidine or sernyl) is an immobilizing agent and anesthetic for sub-human primates. It made its public premiere as a recreational drug in the summer of 1967, but a high incidence of unpleasant reactions and side effects quickly brought its initial spell of popularity to an end with some users. Today, PCP is sometimes misrepresented and sold as other drugs. It remains popular with street drug manufacturers and dealers, despite an increasing reputation for producing unpredictable reactions, because it is quite inexpensive and profitable to make from chemicals that are fairly easy to obtain.

Angel Dust, which is PCP or sometimes Ketamine sprayed or sprinkled on leaves of some sort (usually mint, oregano, or parsley), is also a common form of PCP on the street. It has its own pseudonyms, such as "Crystal Joints," "Superweed," "Angel Hair," "CJ," or "KJ."[2]

Even though THC or tetrahydrocannabinol is normally associated with marijuana, it warrants at least mentioning with the hallucinogens. There are reports of THC being synthesized and used as a preparation within itself. It should be pointed out that this process is very difficult and not easily accomplished in clandestine laboratories. This makes THC very scarce in the drug

sub-culture. PCP often appears on the street masquerading as the virtually nonexistent THC.[3]

There are other chemicals which could be listed as hallucinogens and the number will doubtless become larger. At best the majority of these substances are potentially dangerous offering very few, if any, values.

FOOTNOTES

[1]"Facts About Hallucinogen," Addiction Research Foundation of Ontario (Toronto: "Do It Now" Foundation 1977).

[2]*Chemical Survival: A Primer for Western Man and Woman*, "Other Trips," (Phoenix: Do It Now Foundation, 1975), pp. 20-23.

[3]*Ibid*, pp. 24.

Marijuana

The cannabis plant, more commonly called marijuana, has been known since prehistoric times. At one time, it was the second leading agricultural crop in the South, grown for its value as hemp to make rope. The cannabis plant will grow in almost any place that any other plant can be grown. It can grow as tall as thirty feet, sometimes growing as much as two feet per week. The leaves may be from two inches to over a foot wide and the branches from two inches to twelve feet long. The number of leaflets in the palmate compound leaves ranges from one to fifteen and can be smooth or serrated.

The active ingredient in marijuana that is thought to cause the "high" is delta 9 tetrahydrocannabinol, usually known as THC. This was first identified in 1964 and synthesized in 1966. This chemical is unique to the cannabis plant, *Cannabis sativa. (Cannabis indica, Cannabis americana and Cannabis mexicana,* refer to where the plant is grown; India, America and Mexico respectively.) Recent research has shown that marijuana contains chemicals similar to those found in tobacco which convert to carcinogens when smoked.[1]

The marijuana smoker differs from the cigarette smoker in that he holds the smoke in his lungs for a much longer time and he smokes the "joint" down to a much shorter butt. This short butt is called a "roach" and a clip made from an alligator clamp or any other device used to hold the roach is called a "roach clip." Holding the smoke in the lungs for a longer period of time and smoking the butt down to a very short stub where most of the tars have accumulated is one of the major reasons cancer and emphysema are beginning to show with marijuana use.

Marijuana can be smoked or eaten. The effects of marijuana when smoked are considerably greater than when eaten because the components of marijuana may in part be destroyed in the digestive tract by intestinal bacteria.[2] The loose marijuana, obtained by the "lid" (about one ounce) or by the "matchbox," is rolled with cigarette paper (sales of cigarette paper have more than doubled in the last five years), then lit and inhaled. The THC is absorbed by the lining of the respiratory tract and enters the bloodstream where it travels to all parts of the body.[3]

The high that results depends on the potency—the amount of THC present in the marijuana. The potency among samples tested has been found to vary over two thousand times. The potency of the plant is dependent on the potency of the parent plant, the stage of maturity and the parts of the plant present, not on the climate in which the plant is grown. (A highly potent plant was grown in a prison closet under an incandescent lamp.) The female and male plants have similar potencies, their drug content is in decreasing order as follows: bracts (the leaf-like structure surrounding the flower), leaves, small stems, and large stems.[4] The seeds have no drug value and can be used as bird feed. Acapulco gold, marijuana grown near Acapulco, is about one to one and one-half percent THC whereas good "street grass" is about .04 percent THC.[5] The most potent parts of the plant are shredded (manicured) and rolled into a joint, then smoked.

As every person is chemically and physically unique, so is his reaction to smoking marijuana. When smoked, marijuana rapidly enters the bloodstream. At this point one of two types of trips can occur—good or bad. Since there is no typical pot user, there can be no definition of a typical pot trip although there are factors that affect the trip achieved by a user. They are (1) the emotional attitude of the user, (2) the environment in which the drug is used, (3) the dosage of the drug, and (4) the personality of the user. As for the inexperienced smoker, he probably will experience nothing from the first use of the drug or will imagine symptoms he believes he should feel. This fake high, a high that is achieved without drugs, is called the placebo effect and is very real to the user. Some people have been known to get high by smoking banana peels even though there is no intoxicating agent present.

For the experienced user, the effect of the drug begins a few minutes after a "joint" is smoked and the resulting trip can be pleasurable or very depressing. Most trips are pleasurable and, therefore, the use of the drug is perpetuated. A good trip generally follows a set pattern. At first, the user develops an inner euphoria where he finds himself dreaming in a state of elation. Following his achieved "high" his environmental stimuli increases. In this state, he can get deep into music where he hears imperceptive sounds and acquires a new appreciation of music. Time slows down, a minute seems like hours.

The sense of touch is highly magnified and he feels things in a new and exciting way. His emotions are amplified and objects take on new meanings and dimensions. Thoughts may become crystal clear, but linger for only a moment and are then forgotten. Often the beginning of a sentence is forgotten before the end is reached. Coming down from the trip generally is slow and occurs over a period of three to five hours, although this varies among individuals. Unlike alcohol, some users are able to come down from a high voluntarily when conditions are normal for him; but when he is in an unfamiliar environment or a stress situation, he is unable to make rational decisions.

A "bummer" is a trip that occurs when the user does not achieve the expected results. Instead of achieving the euphoria desired, the opposite occurs. The user becomes depressed and experiences self-pity, sometimes border-

ing on suicidal tendencies, although the latter is rare. (Hallucinations sometime occur when the marijuana is exceptionally potent or has been laced with some hallucinogenic drug such as LSD.)

Concentrated marijuana research is just beginning and interesting results are coming to the surface. One symptom that seems common to many chronic users is memory lapses. The user will have no recollection of certain periods of time. He might remember getting up and brushing his teeth and all of a sudden he is eating lunch. He has no recollection of what happened in-between. The amotivational syndrome, where the regular user loses interest in everything worthwhile and drops out of society, is a major concern and seems to be common to most chronic users. In this condition the user loses interest in his grades, his dress, his friends, and becomes totally involved in continuing his marijuana use.

The physical effects of marijuana vary from user to user, but several seem common to most marijuana users when they "toke up a joint." Cannabis affects the eyes in several ways. Bloodshot eyes seem common to users. Paralysis of the ocular muscles which control eye movement has been reported. This could be due to the fact that one of the six known pharmacological active components in cannabis, the propyl analoge of THC, produces "atropine-like effects."[6] (Atropine is a chemical derived from belladona and is used to relieve muscle spasms and dilate the pupil of the eye.) Experimentally, glaucoma has been successfully treated with marijuana. Birth deformities have occurred in rats when cannabis was administered to them.

Evidence is beginning to appear indicating that the continued use of marijuana may inhibit the production of enzymes in the liver. It appears that regular marijuana use causes the liver to be less effective in metabolizing drugs used medically; thus there is danger of overdose of regular medication due to the inhibiting effect of marijuana on the liver. This is not due to the THC, but from one of the other substances in the resin of the cannabis plant, cannabidiol.[7] A regular user of marijuana would be wise to advise his doctor of his condition when medication is necessary. One of the most unusual reported effects is the enlargement of breasts in males (gynecomastia) caused by the chronic use of marijuana. The delta 9 tetrahydrocannabinol is very similar to the female hormone estradiol and when taken in high dosage over a long period of time could cause a feminizing effect on a male user although it seems to be ineffective in females.[8]

Tolerance to cannabis—diminished response to a given repeated drug dose—has been substantiated by research evidence cited in the Fifth Report (105). Tolerance development was originally suspected because experienced overseas users were able to use large quantities of the drug that would have been toxic to U.S. users accustomed to smaller amounts of the drug. Carefully conducted studies with known doses of marijuana or THC leave little question that tolerance develops with prolonged use.

While the picture regarding marijuana use is far from complete, it should be emphasized that there is good evidence that use is by no means harmless. Such behaviors as the operation of a motor vehicle or complex psychomotor performance are clearly impaired by marijuana use in a manner somewhat similar to that of alcohol use. A variety of both clinical and experimental observations makes it seem quite likely that heavy use of smoked marijuana will impair lung function and may result in consequences similar to those of cigarette smoking.

Special Health Problem Areas

Several areas of marijuana research findings which were highlighted in previous years have created considerable concern over the possible biological implications of cannabis use. The possible effects involved are

a. Impairment of the body's natural defense system against disease—i.e., interference with or depression of the immune response;
b. Chromosomal alterations—i.e., increases in the number of abnormal chromosomes and a reduction in the number of chromosomes in some body cells;
c. Basic alterations in cell metabolism;
d. Impairment of endocrine functioning; specifically, a reduction in the male hormone testosterone and in growth hormone levels; and
e. Brain damage.

Although evidence is fragmentary and incomplete in all of these areas, the potential seriousness of the possible consequences for the individual and society has resulted in great interest and some controversy over the implications of research.[9]

Hashish is the dried resinous exudate of the cannabis plant. It is usually seen as a hard, brown lump (the darker the exudate the more potent the hash). The hash may be smoked or eaten. When smoked, a water pipe (hookah) is used in order to cool the smoke. The effects of hash are more violent when eaten since the smoker can regulate the amount of intoxication by spacing his intake, but the eater must await the action of the digestive system.[10]

The effects of small dosages of hashish are agreeable inhibitions, a sense of well being, and stimulation of the mind. In stronger doses, feelings of oppression and discomfort followed by hilariousness and noisy delirium are often seen in persons with cheerful dispositions, but delirium of extreme forms occur in persons of violent dispositions. In large dosages, wild excitement, mental confusion, acts of violence, and a characteristic crazy laugh may result. This is followed by a stupor and great fatigue on awakening accompanied with depression which lasts for several days.[11]

The resin of the cannabis plant contains the highest concentration of tetrahydrocannabinol and is the most powerful form of cannabis in use. Withdrawal symptoms

occur to a slight degree when the chronic user abruptly stops using the drug and are much less severe than withdrawal from opiates or barbiturates.[12]

The rise in use among adolescents has generated concern about possible consequences of use in this group especially when such use becomes an escape from the demands of preparing for later life. Some progress has been made in identifying those in this age group who are likely to become more heavily involved with marijuana use. A better understanding of the motivations for heavy use may permit the development of means for early intervention to avert possible life-long patterns of drug dependency.

Although marijuana use does not "cause" other drug use in the way once simplistically believed, it is often associated with other drug use. Exploration of preventive approaches which encourage individuals to avoid patterns of drug dependency (both licit and illicit) is needed.

Progress in the marijuana research program has made us aware that, as our knowledge has increased, so has our awareness of our need for more subtle understanding of marijuana use and its possible implications.[13]

Marijuana is being legalized medically in several states when "requested by a physician licensed to practice medicine" and that use "shall be with the public health and safety." This legislation usually recognizes the physician's right to prescribe marijuana for victims of cancer, glaucoma, or such other procedures certified to be medically necessary.[14]

FOOTNOTES

[1]Norman J. Doorenbos, University of Alabama, Tuscaloosa, June 21, 1973. (Interview).

[2]Hearings before the Subcommittee to Investigate the Administration of the Internal Security Act and Other Internal Security Laws of the Committee on the Judiciary United States Senate, James O. Eastland, Chairman, "World Drug Traffic and Its Impact on U.S. Security" (Washington, D.C.: Government Printing Office, 1972), p. 201.

[3]Norman J. Doorenbos, Auburn University, Auburn, Alabama, June 20, 1978. (Lecture).

[4]Symposium Proceedings on Drug Alert '71 (Birmingham, Alabama: Oxmoor Press), p. 33.

[5]Symposium, op, cit. p. 36.

[6]Eastland, op, cit., pp. 228-229.

[7]Eastland, op. cit. p. 211.

[8]Osborn Elliott, "Pot Bust," Newsweek, April 2, 1973, pp. 65-66.

[9]Sixth Annual Report to the U.S. Congress from the Secretary of Health, Education, and Welfare, 1976.

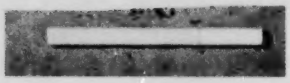
[10]Richard R. Lingeman, Drugs From A to Z; A Dictionary (New York: McGraw-Hill Book Company, 1969), pp. 94-95.

[11]Eastland, op. cit. p. 233.

[12]Lingeman, loc. cit.

[13]Sixth Annual Report to the U.S. Congress from the Secretary of Health, Education, and Welfare, 1976. National Institute on Drug Abuse.

[14]U.S. Journal of Drug and Alcohol Dependence, "Pot Legalized for Medicine." November 1978, p. 13.



Tobacco

Despite the fact that the Surgeon General has determined cigarette smoking to be dangerous to your health, the American public continues to smoke at an increasing rate. The discovery that smoking is a hazard to health is the result of over thirty years of research and is supported by every medical and health agency in the world. So harmful are cigarettes that it is now illegal to sell to persons under the age of eighteen. Besides cigarette smoking being the major cause of lung cancer, it is also linked with heart disease, circulatory impairment, chronic bronchitis, and pulmonary emphysema. "Too few smokers realize the degree and extent of health damage associated with cigarette smoking. 'Early morning hacking' and 'smoker's coughs' are so common that millions of Americans consider these 'normal,' rather than signals that warn of damage to the body. Each day in the United States, 250 people die from heart attacks, 100 from lung cancer and 150 from other cigarette-related diseases."[1]

Although tobacco contains more than a hundred compounds, nicotine, a poisonous liquid, is its principal agent and produces the drug effect that makes smoking habit-forming. If 50 milligrams of nicotine were injected into a vein, the results could be fatal to a human being. But a person could not reasonably smoke enough cigarettes at one time to die of nicotine poisoning. The nicotine content of tobacco varies according to the season and variety of plant and usually accounts for two percent of the tobacco.[2] Actually though, only a very small amount of that even reaches the body. The nicotine found in cigarette smoke paralyzes the action of the cilia that line the bronchial tubes and eventually causes them to disappear altogether. This is really disasterous since the wave-like motion of the cilia propels the mucus that traps foreign materials toward the throat where it can be removed. The smoker's cough is a result of this action.

In addition to nicotine, tobacco smoke also contains carbon monoxide gas and carcinogens, cancer-causing materials. Although the amount of carcinogenic chemicals found in tobacco is small, they cause constant irritation and over a period of time can change normal cells into cancerous cells.[3] As the smoke travels through the trachea to the bronchial tubes and into the lungs, carcinogenic particles are deposited along the way. The accumulation is especially abundant on the lining of the bronchial tubes. This is where most cases of human lung cancer originate. If you inhale the smoke of a pack of cigarettes a day, you will inhale eight quarts of cancer-producing tar in ten years.[4] Interestingly enough, the risk of lung cancer increases with the duration of smoking and number of cigarettes smoked per day, but is diminished by discontinuing smoking.

Tobacco smoking affects the body in many other ways. The beginning smoker may feel dizzy and nauseated because nicotine affects the vomiting center in the brain (medulla) and the labyrinth which helps maintain body equilibrium. Tolerance to this later develops. Smoking, by causing constriction of the blood vessels of the skin, causes a decreased blood flow to the skin. It also places an extra strain on the heart by increasing blood pressure and heart rate. Many pregnant women do not realize that when they smoke, their babies smoke with them; the nicotine undoubtedly passes from the placenta of the mother into the unborn child.[5]

Pipe and cigar smoking is not as hazardous to health as cigarette smoking and the overall death rate is about equal to those of a nonsmoker if the smoke is not inhaled. But for those who smoke heavily or inhale, the health hazards are even greater than those of cigarette smokers. The risk of developing lip cancer and cancer of the mouth and esophagus is especially great among pipe and cigar smokers.

Research is underway to help the smoker quit, cut down on smoking or at least make it safer. There are non-tobacco products on the market that are made from vegetable leaves that do not contain nicotine but do produce tars. Some cigarettes have a lower tar and nicotine yield and the filter tip found on many brands helps eliminate the tar. The smoker would give self-help if the cigarette were not smoked all the way down because the tar and nicotine become trapped near the end. Three out of four smokers wish, or have tried, to stop smoking, but only one in four kicks the habit before the age of 60. Fewer than 10% limit themselves to intermittent or occasional smoking: quitting is usually easier than cutting back. Those who quit generally achieve health levels of non-smokers after a few years, especially if they are young. Older smokers derive less advantage from quitting. Nonetheless, many older people do give up cigarettes, possibly for economic reasons.

There is no generally effective cure for smoking. Suffering a heart attack is a potent aid to quitting: most surviving male victims give up altogether or reduce their cigarette consumption substantially. Surveys of reasons for quitting given by ex-smokers suggest that most quit because they experienced symptoms of smoking-induced disease, particularly cough. Cost and anti-smoking campaigns are reported to be of lesser significance.[6] If cigarettes could be given up completely, the person would feel better, breath easier, and live longer.

FOOTNOTES

[1]Kenneth T. Jones, Louis W. Shainberg, and Curtis O. Byer, Drugs, Alcohol and Tobacco (San Francisco: Canfield Press, a department of Harper & Row, Publishers Inc., 1970), p. 85.

[2]Texas Alcohol Narcotics Education, Inc., Tobacco and Health (Dallas, Texas: Tane Press, 1966), p. 25.

[3]Jones; Shainberg, and Byer, op. cit., p. 88.

[4]Texas Alcohol Narcotics Education, Inc., op. cit., p. 27.

[5]Ibid., pp. 26-27.

[6]Addiction Research Foundation of Ontario, January 1978 Alcoholism and Drug Addiction Research Foundation, Toronto, 33 Russell St., Toronto, Canada M5S 2S1.

Stimulants

Stimulants, substances which excite the nervous system, were frequently used by early man for religious and cultural reasons. With the advent of modern pharmaceutical methods, the number of stimulants has proliferated as have our reasons for using them. Some common stimulants are cocaine, amphetamines, dextroamphetamines, and methamphetamines. The most widely used stimulant in this country is caffeine, which is found in coffee, tea, cola, etc. However, these beverages are socially acceptable and are not abused.[1]

One of the most dangerously abused stimulants is cocaine. It is a derivative of the coca plant found in certain South American countries. Cocaine is an odorless, white powder producing a bitter sensation when tasted. It is a short-term, local anesthetic and must be injected intravenously or sniffed every five to fifteen minutes to maintain the effect. Physical dependence and tolerance do not occur, and although a lethal dose is possible, it is uncommon. Chronic use may result in loss of appetite, malnutrition, paranoia and hallucinations. As the effects of cocaine wane, there is a period of depression. For the most part, cocaine's therapeutic use declined sharply after the discovery of Novocain in 1905.

Amphetamines stimulate areas of the nervous system that control blood pressure, heart, respiratory, and metabolic rates. All of these are increased. Once taken into the body, these drugs resemble epinephrine and norepinephrine which are natural body hormones. Since amphetamines are so similar to these hormones, they can act on the body in two ways: (1) by imitating the natural hormones and their effects on nerve endings; and/or (2) causing an increase in the release of natural hormones.[2] All of the body senses overact and are kept in a state of tension for a lingering period of time. Amphetamines are usually taken orally in pill form; however, abusers have been known to "shoot up." Pills can also be ground into powder and sniffed.

Heavy users of amphetamines may be prone to sudden violent acts, often for no apparent reason. This results from drug-induced self-centeredness, confusions, distortions of perception, and from the deviant lifestyle of many users. In one Canadian study, violence (accidental, self-inflicted, and attacks by others) was the leading cause of amphetamine-related deaths. Violent death was at least four times as common among regular users of amphetamines as among non-users of the same age and sex.

Amphetamine users may turn to other dependence-producing drugs as one means of coping with undesired amphetamine effects. In particular, depressant drugs such as barbiturates and heroin may be used as an aid to sleep or to compensate for overdose, sometimes resulting in an addiction to these drugs as well.

Infections may occur from the use of unsterile needles for intravenous injection, or from repeated injections at the same spot. Some infectious diseases are passed from user to user through sharing needles; hepatitis is very common among speed users.

Impure amphetamines often contain materials not easily dissolvable in water. These particles can pass into the body and block small blood vessels or weaken their walls. This, in turn, can lead to kidney damage, lung problems, stroke, and other tissue injury.[3]

The stimulating effect that amphetamines have on the body is one of the main reasons for its use in medicine today. Amphetamines also have been used widely in the treatment of hyperactivity in children. This, at first, appears to be paradoxical; but, although the specific mode of action is not fully understood, amphetamines have had a significant degree of success in exercising a balancing effect on hyperactive subjects. One of the side effects which is characteristic of amphetamine use is a loss of appetite. It has proved useful only in short-term weight loss programs since tolerance to the appetite depressant soon develops. Finally, amphetamines have been successful in the treatment of narcolepsy, a rare affliction in which the subject is unable to stay awake for more than a short period of time.

Methamphetamine (speed) has many of the same effects of cocaine and is just as dangerous when abused. It is especially dangerous when taken intravenously since this intensifies its effects. Speed has a more pronounced influence on the central nervous system than amphetamines and has fewer effects on the surrounding nerve area. Once a tolerance has built up, death from overdose is uncommon.

Stimulants are not thought to be physically addicting, although tolerance often occurs. Upon the abrupt cessation of their use, certain regular symptoms are common—overeating, severe depression, and fatigue. The duration of these symptoms is about one week. Fatal overdose from stimulants is rare; the majority of deaths associated with abuse of these are caused by related factors—hepatitis, violence, etc.[4]

FOOTNOTES

[1]Winn, Mitchell K., ed., *Drug Abuse: Escape to Nowhere* (Philadelphia: Smith Kline & French Laboratories, 1970), p. 35.

[2]Public Health Service, "Stimulants" (Washington, D. C.: U. S. Government Printing Office, 1970).

[3]Alcoholism and Drug Addiction," Addiction Research Foundation of Ontario (Toronto, Ontario: Alcoholism and Drug Addiction Foundation, September, 1976).

[4]Oakley, Ray S., *Drugs, Society and Human Behavior* (St. Louis: The C. V. Mosby Company, 1972), pp. 161-172.

Volatile Substances

The abuse of solvents and aerosols (volatile hydrocarbons) poses a serious threat to our society because the practice is so wide-spread among young people between the ages of eight and eighteen. For these youngsters who desire a "high," inhalants such as glue, gasoline, lighter fluid, paint thinner, nail polish remover, cleaning fluid, and spray deodorants are inexpensive and readily available. Airplane glue used for model building is one of the most abused inhalants.[1] The popular way to use it is to pour it on a handkerchief or into a plastic or paper bag which may be placed over the nose or mouth. Another of the dangerous substances is gasoline. Inhaling of gasoline fumes alone is not as dangerous as the lead in the gasoline. Lead poisoning is extremely dangerous, since lead is cumulative in the system and is almost impossible to get rid of.[2]

Tolerance to solvents rapidly develops and the chronic user may find that he now needs several (up to twenty) tubes a day to achieve a high. Since solvents and aerosol sprays are relatively cheap compared to other drugs of abuse, a big habit is easy for the youth to maintain. But as the abuser's tolerance grows, so does his psychological dependence.

The mood-modifying drugs found in glue and other inhalants are highly volatile at low temperatures which means they easily pass from a liquid to a vapor state. Once vaporized, the drug passes from the lungs to the bloodstream where it travels quickly to the brain and nervous system. The most common of these drugs is toluene although there are many others—naphtha, benzene, carbon tetrachloride.[3] The effects of these drugs appear almost immediately and usually last anywhere from thirty to forty-five minutes. The user's behavior at this time closely resembles the early stages of alcohol intoxication—excitement, euphoria, cheerfulness. But as more of the solvent is inhaled, the user may experience dizziness, slurred speech, staggering and disorientation which may lead to the sniffer finally passing out. Although it is rare, sudden cases of death have been attributed to the prolonged inhalation of fumes and suffocation. Usually the effects of the drug are short-lived and often the abuser does not remember what he did or said while intoxicated. Hallucinations, nausea, sneezing and coughing, increased salivation, and sensitivity to light can occur while under the drug's influence.

A chronic glue sniffer may exhibit several characteristics—bad breath, frequent coughing, lack of energy, weight loss, spitting due to the excess salivary secretions (a result of the solvent vapors' irritation of the mucous membranes of the nose and mouth), insomnia, and nausea.[4] The long-term usage of volatile substances can cause liver and kidney damage, possible brain damage, swelling and irritation of the mucous membrane, and chemical pneumonia. Also, people who have inherited a blood disease such as sickle-cell disease frequently develop severe forms of anemia.[5] "Many long term effects of volatile hydrocarbons are reversible-they will disappear if drug use is stopped. These include: (a) nosebleeds, bloodshot eyes, unpleasant breath, sores on nose and mouth; (b) pallor, fatigue, forgetfulness, inability to think clearly or logically, tremors; (c) thirst, weight loss; (d) loss of memory, depression, irritability, hostility, and feelings of persecution."[6]

Manufacturers of these volatile substances are attempting to prevent abuse of their chemicals by the addition of certain irritating substances such as synthetic oil of mustard or pepper. Possibly some non-intoxicating solvents will be used to replace some volatile substances; however, not much can be done to alleviate the use of glue, gasoline, kerosene and other related volatile substances.

FOOTNOTES

[1]Harvey R. Greenberg, M. D., What You Must Know About Drugs (New York: Scholastic Book Services, 1970), p. 27.

[2]*Chemical Survival: A Primer For Western Man and Woman*. Do It Now Foundation (Phoenix: ICS Press, August, 1976), p. 22.

[3]Op, cit. p. 26.

[4]Kenneth T. Jones, Louis W. Shainberg, and Curtis O. Byer, Drugs, Alcohol and Tobacco (San Francisco: Canfield Press, a department of Harper & Row, Publishers, Inc., 1970), p. 22.

[5]Mitchell Winn, Drug Abuse: Escape to Nowhere (Philadelphia: Smith Kline & French Laboratories, 1970), p. 43.

[6]Addiction Research Foundation of Ontario, 33 Russell St., Toronto, Ontario M5S 2S1, January, 1978.

Controlled Substances: Uses and Effects

	Drugs	Schedule*	Often Prescribed Brand Names	Medical Uses	Dependence Physical
Narcotics	Opium	II	Dover's Powder, Paregoric	Analgesic, antidiarrheal	High
	Morphine	II	Morphine	Analgesic	High
	Codeine	II III V	Codeine	Analgesic, antitussive	Moderate
	Heroin	I	None	None	High
	Meperidine (Pethidine)	II	Demerol, Pethadol	Analgesic	High
	Methadone	II	Dolophine, Methadone, Methadose	Analgesic, heroin substitute	High
	Other Narcotics	I II III V	Dilaudid, Leritine, Numorphan, Percodan	Analgesic, antidiarrheal, antitussive	High
Depressants	Chloral Hydrate	IV	Noctec, Somnos	Hypnotic	Moderate
	Barbiturates	II III IV	Amytal, Butisol, Nembutal, Phenobarbital, Seconal, Tuinal	Anesthetic, anti-convulsant, sedation, sleep	High
	Glutethimide	III	Doriden	Sedation, sleep	High
	Methaqualone	II	Optimil, Parest, Quaalude, Somnafac, Sopor	Sedation, sleep	High
	Tranquilizers	IV	Equanil, Librium, Miltown Serax, Tranxene, Valium	Anti-anxiety, muscle relaxant, sedation	Moderate
	Other Depressants	III IV	Clonopin, Dalmane, Dormate, Noludar, Placydil, Valmid	Anti-anxiety, sedation, sleep	Possible
Stimulants	Cocaine†	II	Cocaine	Local anesthetic	Possible
	Amphetamines	II III	Benzedrine, Biphetamine, Desoxyn, Dexedrine	Hyperkinesis, narcolepsy, weight control	Possible
	Phenmetrazine	II	Preludin	Weight Control	Possible
	Methylphenidate	II	Ritalin	Hyperkinesis	Possible
	Other Stimulants	III IV	Bacarate, Cylert, Didrex, Ionamin, Plegine, Pondimin, Pre-Sate, Sanorex, Voranil	Weight Control	Possible
Hallucinogens	LSD	I	None	None	None
	Mescaline	I	None	None	None
	Psilocybin-Psilocyn	I	None	None	None
	MDA	I	None	None	None
	PCP*	III	Sernylan	Veterinary anesthetic	None
	Other Hallucinogens	I	None	None	None
Cannabis	Marihuana Hashish Hashish Oil	I	None	None	Degree unknown

Scheduling classifications vary for individual drugs since controlled substances are often marketed in combination with other medicinal ingredients.

†Designated a narcotic under the Controlled Substances Act.
*Designated a depressant under the Controlled Substances Act.

Potential: Psychological	Tolerance	Duration of Effects (in hours)	Usual Methods of Administration	Possible Effects	Effects of Overdose	Withdrawal Syndrome
High	Yes	3 to 6	Oral, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, chills and sweating, cramps, nausea
High	Yes	3 to 6	Injected, smoked			
Moderate	Yes	3 to 6	Oral, injected			
High	Yes	3 to 6	Injected, sniffed			
High	Yes	3 to 6	Oral, injected			
High	Yes	12 to 24	Oral, injected			
High	Yes	3 to 6	Oral, injected			
Moderate	Probable	5 to 8	Oral	Slurred speech, disorientation, drunken behavior without odor of alcohol	Shallow respiration, cold and clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
High	Yes	1 to 16	Oral, injected			
High	Yes	4 to 8	Oral			
High	Yes	4 to 8	Oral			
Moderate	Yes	4 to 8	Oral			
Possible	Yes	4 to 8	Oral			
High	Yes	2	Injected, sniffed	Increased alertness, excitation, euphoria, dilated pupils, increased pulse rate and blood pressure, insomnia, loss of appetite	Agitation, increase in body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
High	Yes	2 to 4	Oral, injected			
High	Yes	2 to 4	Oral			
High	Yes	2 to 4	Oral			
Possible	Yes	2 to 4	Oral			
Degree unknown	Yes	Variable	Oral	Illusions and hallucinations (with exception of MDA); poor perception of time and distance	Longer, more intense "trip" episodes, psychosis, possible death	Withdrawal syndrome not reported
Degree unknown	Yes	Variable	Oral, injected			
Degree unknown	Yes	Variable	Oral			
Degree unknown	Yes	Variable	Oral, injected, sniffed			
Degree unknown	Yes	Variable	Oral, injected, smoked			
Degree unknown	Yes	Variable	Oral, injected, sniffed			
Moderate	Yes	2 to 4	Oral, smoked	Euphoria, relaxed inhibitions, increased appetite, disoriented behavior	Fatique, paranoia, possible psychosis	Insomnia, hyperactivity, and decreased appetite reported in a limited number of individuals

THE VALUE OF DRUGS

The value of drugs is an important area for discussion because today, when one thinks of drugs, drug abuse often comes to mind. Even though drugs have been abused, they still have great medicinal value for our society. The decreased incidence and greater control of disease have resulted from the development of more and better drugs. Due to the development of drugs, some communicable diseases that were the leading causes of death fifty years ago no longer top the list. Since 1900, the overall mortality rate has dropped about 45 percent. Life expectancy in 1900 was about forty-seven years; it is now about seventy years. Life expectancy at birth has increased by ten years since 1937.[1]

This subject may be divided into four major areas: drugs for the prevention of diseases, drugs for the treatment of diseases and physical disorders, drugs for relief of pain and emotional disorders and drugs that are aids to medical treatment processes.

Drugs for the Prevention of Disease

Today, one might use drugs daily to maintain good health. Research has shown that vitamins and minerals are essential to the human body for health and growth. Preparations of these substances are available in numerous forms and combinations.

Good levels of health probably make people less susceptible to infection, but the most satisfactory protection is provided by immunizations. The fact that immunization is available does not always mean that it will or should be used. For example, smallpox vaccination is no longer a requirement for entering school in the State of Alabama. Immunity is the resistance of the body against infections. It may be present at birth, which is called *inborn natural immunity*, or it may be acquired during the lifetime of the individual.[2] See the following chart for the commonly recommended immunizations for adults and children.[3]

Commonly Recommended Immunizations for Children

Disease	Prevalence	Immunization	Who Needs	Dosage	Booster
Poliomyelitis	Among those with low immunization rates. Vaccines have almost eliminated disease.	Live, modified polio virus vaccine (OPV), by mouth.	Children, 6-12 wks. old. Infants usually get at same time as DPT.	3 dose series: first two, 6-8 weeks apart: last, 8-12 mos. later.	Single dose on entering school.
Diptheria-Tetanus-Pertussis (whooping cough)	Localized outbreaks. Incidence has declined with routine immunization.	Combined toxoids and vaccine. DPT (3-in-1 injected into muscle.	Children, 2 mos. 6 yrs. Ideally given at usual 6-wk. checkup.	3 doses at 4-6 week intervals. Booster 1 year later.	Children, 3-6 yrs. preferably at time of school entrance.
Measles (Rubeola)	Among unvaccinated children. Occurs in epidemics.	Live, modified measles-virus vaccine injected under skin.	Children over 1 year, especially those with chronic illness.	Single shot.	None needed.
Rubella (German measles)	Among school children, especially in winter and spring. Mild in children but can damage fetus of women infected early in pregnancy.	Live, modified rebella-virus vaccine injected under skin.	Children 1 year to puberty. Top priority for kindergartners and early graders.	Single shot.	None needed.
Mumps	Among young school children. Highly communicable.	Live, modified mumps-virus vaccine injected under skin.	Children over 1 yr. (especially those nearing puberty), adolescents and men. Not to be given with other immunizations.	Single shot.	None needed.

Commonly Recommended Immunizations for Adults and Travelers

Disease	Prevalence	Immunization	Who Needs	Dosage	Booster
Smallpox	Endemic, though decreasing in Asia, Africa, South America. Routine vaccination has virtually eliminated disease in U.S.	Pressed into outer skin layer with needle or injected into skin.	All travelers returning to U.S. from most foreign countries.	Single dose.	Revaccination every 10 yrs. Necessary every 3 yrs. for international travel.
Influenza	1968-69 epidemic. Epidemics in two to three year cycle.	Combined Hong Kong and Type B vaccine injected under skin.	Older persons; people with chronic debilitating conditions. Not for those hypersensitive to eggs.	2 doses. 6-8 weeks apart.	Single doses for high-risk persons who regularly get flu vaccines.
Typhoid	Endemic in poorly sanitized areas. Fewer than 400 cases annually in U.S.	Vaccine injected under skin.	Travelers to typhoid areas; persons exposed to known carrier or regional outbreak.	2 shots 4 weeks apart.	For continued or repeated exposure every 3 years.
Yellow Fever	Africa and South America.	Live, modified vaccine (17D) injected under skin.	Travelers to yellow-fever area. Must be given at Public Health Service vaccination center.	Single shot.	Revaccination every 10 years.
Cholera	South and Southeast Asia, Middle East. Occurs in endemic (native to region) and epidemic form.	Vaccine injected under skin or into muscle.	Persons traveling to or from cholera countries (list available from U.S. Public Health Service).	Single shot; 2 doses a month or more apart for extended travel in cholera areas.	Every 6 mos. when likelihood of exposure exists.
Typhus	Primitive mountainous area with cold climate. No U.S. epidemic since 1922.	Vaccine injected under skin.	Special-risk groups only. Not required as condition of entry by any country.	2 shots, 4 wks. apart.	Single shot every 6-12 mos. if exposure persists.
Plague	Parts of Asia, Africa, South America. Occasionally in western U.S. Vietnam now peak plague area.	Vaccine injected into muscle.	Persons traveling to Vietnam, Cambodia, Laos or who have contact with wild rodents in other plague areas.	3 shots about 4 wks. apart. Same for children under 10 but smaller doses.	Every 6-12 months when risk of exposure persists.

Not listed on the chart is rabies, an acute infectious disease transmitted from animals to man and from animals to other animals by a virus. There are no drugs or chemical agents that can combat this infection once symptoms appear. However, the use of vaccine and antiserum after exposure and before symptoms appear is most effective. In areas where the disease is prevalent among the animal population, every animal biting a human being should be suspected. In recent years vaccines have been developed that produce fewer undesirable reactions.[4]

Disinfectants or antiseptics are chemical substances used to kill or slow down the activity of bacteria and other organisms which cause disease. Disinfectants are used to clean and sterilize instruments and utensils, clothes and rooms. They have a limited value in controlling the spread of epidemics.

Bleaching powder, chloride of lime or sodium hypochlorite, is widely used for purifying water. It also kills bacteria on contaminated objects which are scattered about an infected area. Carbolic acid, or phenol, disinfects body discharges and dirty rooms. Certain preparations of it can be used to sterilize clothing and utensils. It was once used to disinfect the skin but this practice is no longer observed. Formaldehyde, in a water solution, disinfects clothing and body discharges. Mercuric chloride, bichloride of mercury or corrosive sublimate, is used to disinfect hands and other parts of the body which do not have cuts or openings. It should never touch a mucous membrane. Potassium permanganate is used to disinfect sinks, drains and water pipes. It can destroy organic matter. Surgeons use water solutions of potassium permanganate to disinfect their hands.[5] Iodine, as a disinfectant, is available in the form of tincture of iodine but one must be sure not to cover a part that has been disinfected with it because it will cause a severe burn. In unclean wounds and animal bites, iodine should be used freely. It is safer in minor injuries to use 2 or 4 percent

solution of Mercurochrome. Other disinfectants commonly used are Merthiolates, Metaphen and Zephiran.[6] Some doctors discourage the use of antiseptics in first aid and suggest that first aid treatment be limited to cleaning a wound, applying a sterile dressing and controlling bleeding. In medicine the internal use of antiseptic drugs is limited. The antiseptics in mouth washes and gargles have little antiseptic action when used in the strength humans can tolerate.[7]

All disinfectants should be carefully labeled, used cautiously and kept out of the reach of children.

Drugs for the Treatment of Diseases and Physical Disorders

Because of the availability of the sulfonamides in the 1930's, penicillin a decade later and the broad-spectrum antibiotics in the 1950's, it is possible to prevent many infections and treat successfully many others for which there are no vaccines. Chemotherapy occasionally is considered preferable to incurring the slight risk involved in using some vaccines, especially those that are not very efficient. Chemotherapy is the use of chemicals to treat disease. A desirable chemical or drug is one that destroys the parasite without doing too much damage to the host.[8] The two major groups of antibacterials are the sulfonamides (sulfa drugs) and the antibiotics. The sulfonamides are made synthetically, but the antibiotics are usually obtained from living organisms. There is a variety of compounds in each group, some of which are more effective for one kind of pathogen (agent capable of producing disease) than for another.

Physicians may use sulfa drugs and antibiotics together because the sulfonamides are not effective against all bacteria. The sulfonamide drugs are used to treat diseases such as meningitis, dysentery, blood poisoning and infections of the respiratory and urinary systems as well as those of the skin. These infections can cause permanent damage to such organs as the brain, middle ear, heart and lungs. The modern application of antibiotics began with the use of penicillin, but it is not a "cure-all" for every infection. It is especially useful in combating scarlet fever, the more common types of blood poisoning, boils, carbuncles, bone infections and the disease germs that cause most types of pneumonia. Penicillin is also valuable for treating gonorrhea and syphilis.[9]

Streptomycin is an antibiotic substance which has proved to be an effective drug against tuberculosis, partially effective against whooping cough, some forms of pneumonia, dysentery, gonorrhea and syphilis. Prolonged use of streptomycin in some cases has produced vertigo (dizziness) by having a toxic effect on the auditory nerve, and kidney and liver damage may occur when taken in large doses.[10]

Another group is the broad-spectrum antibiotics, so called by doctors because these drugs are useful in treating a wide variety of disaeses. Chloromycetin, Aureomycin, Terramycin and tetracycline stop the growth of or kill more different kinds of bacteria than either penicillin or streptomycin. These drugs are used in treating pneumonia, whooping cough and infections of the stomach and intestines. Newer antibiotics are especially useful against germs that cease to be affected by, or develop resistance against, penicillin or the broad-spectrum antibiotics.[11]

Many drugs have been found which are capable of subduing or controlling epilepsy, among them are the derivatives of phenobarbital. Especially valuable is Dilantin. These drugs must be prescribed by a doctor and are usually chosen by the doctor according to their successful use with the individual patient.[12]

There is no cure for diabetes but proper treatment can prolong life and most diabetics can live much like everyone else. Treatment in the young still requires the injection of insulin. Insulin must be present for glucose to pass through cell membranes; it is this simple form of sugar that is used by cells for energy. Four-fifths of all cases of diabetics develop symptoms after thirty years of age. These are frequently controlled by modified regimens of diet and exercise and weight reduction in cases of obesity. Oral medication, which lowers blood sugar levels, may be prescribed (hypoglycemic compounds). The older adult with severe diabetes may, like the young, require insulin by injection.[13]

Allergy is a body reaction that occurs in persons who are sensitive to certain substances. There is no complete cure for an allergy. A person may be able to avoid the symptoms of a particular allergy by avoiding the allergen that causes it, but he still remains allergic to the substance. Detections of specific allergens usually require the skill of an allergist who is a medical specialist. If the allergen cannot be avoided, the physician may give the patient drugs to relieve his symptoms. Such drugs include the antihistamines, cortisone or in some cases, ACTH.[14]

For asthma, most doctors prescribe one or more of such drugs as adrenalin, aminophylline and ephedrine to relieve its symptoms. Adrenalin is sometimes injected to control a severe attack. Other drugs, including ACTH and cortisone, prove necessary in some cases of asthma.

A physician may hyposensitize the patient to the substances that cause asthma in the individual. This treatment involves small injections at regular intervals of a preparation made from substances to which the person is allergic. The doctor gradually increases the strength of the injections until the patient's body has built up resistance to the substances.[15]

The three most important kinds of heart disease are

(1) arteriosclerosis, or hardening of the arteries (2) hypertension, or high blood pressure and (3) rheumatic fever, which often leads to rheumatic heart disease later in life. Specific treatment for arteriosclerosis has not been established. Doctors generally recommend good hygiene, the avoidance of excesses of all kinds and particularly freedom from stress and worry.[16] For hypertension, suitable sedative drugs may be prescribed to control excessive excitement. Many new drugs are now available for use in high blood pressure, including Diuril®, guanethidine, and Alpha-Dopa.[17]

Drugs for the Relief of Pain and Emotional Disorders

Aspirin is the most common analgesic or pain reliever. It helps relieve pain in headaches, arthritis and rheumatism and reduces fever in virus attacks and other infections. It acts as a mild sedative for some persons.[18]

Morphine is a narcotic used to relieve severe pain and to treat several other medical problems. In the United States federal laws prohibit the use of this drug except when prescribed by a physician. Morphine makes severe pain bearable and moderate pain disappear. The drug also stops coughing and diarrhea, checks bleeding and may help one to sleep. Because of its addictive properties, doctors prescribe morphine only if other medicines fail.[19]

At the turn of the twentieth century, bromides were being used to combat sleeplessness, anxiety and minor pain. But with the discovery of sedative derivatives of barbituric acid in the late 1800's, bromides were gradually replaced with these more recent drugs.[20] Barbiturates, the largest group of sedatives, are used to calm people or make them sleep. They reduce the activity of the brain and the rest of the nervous system. They also vary in strength and duration of their effects. Properly prescribed and taken as directed in small doses, they relieve tension and anxiety. In large doses they produce drowsiness and sleep. They are also used medically for such psychosomatic conditions as high blood pressure, peptic ulcer, spastic colitis and other psychophysiological disorders.[21] Surgeons use a few barbiturates as anesthetics. Phenobarbital and some others with long-lasting effects help prevent epileptic seizures. Barbiturates are sometimes used to relax mentally ill patients so that they can discuss their problems with a psychiatrist.[22]

The term "tranquilizer" refers to a rather large group of drugs introduced in the early 1950's. Unlike barbiturate-type sedatives, tranquilizers can be used to counteract tension and anxiety without producing sleep or significantly impairing mental and physical functions. They may be divided into two groups—major and minor—based on their usefulness in severe mental disorders (psychoses). Major tranquilizers are those with antipsychotic activity. Some are used to treat blood pressure. The minor tranquilizers are widely used in the treatment of emotional disorders characterized by anxiety and tension. Many are useful as muscle relaxants.[23]

Methadone is a drug used in experimental programs to help people overcome addiction to such narcotics as heroin, morphine or opium. Methadone itself can cause addiction with symptoms similar to those of heroin addiction. But if a person already addicted to heroin, morphine or opium takes methadone, physically he no longer craves or even enjoys the other drugs. Methadone must be taken orally to produce these effects. If methadone doses are stopped, former drug cravings return. As a result a former heroin addict may have to take methadone for the rest of his life.[24]

Amphetamines were first used to treat colds because they shrink the nasal membranes and give temporary relief to "stuffy" nasal passages. More effective drugs with fewer side effects are now used for this purpose. Amphetamines are now mainly prescribed for narcolepsy (overwhelming episodes of sleep during waking hours), depression and appetite control. Physicians also prescribe them to ward off fatigue during dangerous and prolonged tasks. Paradoxically, these drugs are sometimes used in the treatment of hyperactive children with certain behavioral disorders. The most commonly used stimulants are amphetamine (Benzedrine), dextroamphetamine (Dexedrine), and methamphetamine (Methedrine).[25]

Drugs that are Aids to Medical Treatment Processes

Ether is a colorless, sweet-smelling liquid that can be made by the action of sulfuric acid on alcohol. The fumes of this liquid will make a person lose consciousness if he breathes enough of them. Ether fumes bring on such a deep unconsciousness that major surgical operations can be performed on persons under this drug. Ether is considered a safer anesthetic than chloroform. It was used almost exclusively for major surgical operations in the United States until other anesthetics became available.[26]

Novocain is a drug used as a local anesthetic. When injected, Novocain paralyzes nearby nerves for a short time. The paralysis usually leaves no permanent or damaging effect. Novocain is not habit-forming and is rarely poisonous. Dentists often inject Novocain into the gums before pulling or filling teeth.[27]

Cocaine, a stimulant, is a powerful drug made from the leaves of the coca shrub that relieves fatigue and provides a feeling of well-being. Physicians once used it as an anesthetic, but its medical value today is obsolete.[28]

FOOTNOTES

[1]The University of the State of New York, State Department of Education, Curriculum Development Center, *Health Curriculum Materials for Grades 7, 8, 9* (New York: The University of the State of New York, 1970), pp. 27-28.

[2]James H. Otto and Albert Towle, *Modern Biology* (New York: Holt, Rinehart and Winston, Inc., 1973), p. 269.

[3]Barbara Osborn Henkel, *et al., Foundations of Health Science*, 2nd ed. (Boston: Allyn and Bacon, Inc., 1971), pp. 313-314.

[4]*Ibid.*, pp. 327-328.

[5]"Disinfectants," *World Book Encyclopedia*, 1973, V., 191.

[6]Max M. Rosenbert, M.D., *Encyclopedia of Medical Self-Help* (New York: Books, Inc., 1967), pp. 37 and 545.

[7]"Antiseptic," *World Book Encyclopedia*, 1973, I, 520.

[8]Henkel, *loc. cit.*

[9]"Antibiotics," *World Book Encyclopedia*, 1973, I, 511.

[10]F. E. Shideman, M.D., Ph.D., *Take As Directed* (Ohio: The Chemical Rubber Co., 1967), pp. 243-244.

[11]"Antibiotics," *op. cit.*, p. 514.

[12]Morris Fishbein, M.D., *The Handy Home Medical Adviser* (New York: Doubleday and Company, 1953), pp. 310-311.

[13]Barbara Osborn Henkel, *Community Health* (Boston: Allyn and Bacon, Inc., 1970), pp. 77-78.

[14]"Allergy, " *World Book Encyclopedia*, 1973, I, 357-358.

[15]"Asthma," *World Book Encyclopedia*, 1973, I, 783.

[16]Morris, *op. cit.*, p.70-271.

[17]*Ibid.*, p. 280.

[18]"Aspirin," *World Book Encyclopedia*, 1973, I, 773.

[19]"Morphine," *World Book Encyclopedia*, 1973, XIII, 670.

[20]Daniel A. Girdano and Dorothy Dusek Girdano, *Drug Education: Content and Methods* (Reading, Massachusetts: Addison-Wesley Publishing Company, 1972), p. 134.

[21]Public Health Service, *Sedatives* (Washington, D.C.: U.S. Government Printing Office, 1970).

[22]"Barbiturate," *World Book Encyclopedia*, 1973, II, 76.

[23]National Education Association, *Drug Abuse: Escape to Nowhere* (Pennsylvania: Smith Kline and French Laboratories, 1970), p. 34.

[24]"Methadone," *World Book Encyclopedia*, 1973, XIII, 358.

[25]Public Health Service, *Stimulants* (Washington, D.C.: U.S. Government Printing Office, 1970).

[26]"Ether," *World Book Encyclopedia*, 1973, VI, 291.

[27]"Novocain," *World Book Encyclopedia*, 1973, XIV, 448.

[28]"Cocaine," *World Book Encyclopedia*, 1973, IV, 598.

MEASURABLE SOCIAL COSTS OF DRUG ABUSE

Although the problem has been recognized for a long time, it is only in the last few years that we have begun to accumulate data which will enable us to assess some of the dollar cost of drug abuse. A recent study made for the Special Action Office Drug Abuse Prevention, while admittedly not comprehensive, examines costs which can be assigned a dollar value by grouping them into five categories: property losses attributable to drug abuse, health costs, criminal justice system costs, lost productivity costs, and direct drug abuse prevention program costs. These five cost components are shown below.

Property losses	$6.3 billion
Health costs	$200 million
Criminal Justice System	$620 million
Lost Productivity costs	$1.5 billion
Direct Drug Abuse costs	$1.1 billion

In summary, the measurable costs of drug abuse are estimated at $10 billion a year. This is a conservative estimate; using similar conservative assumptions the total could actually be as high as $17 billion, depending on the figures used to estimate property losses and other variables discussed. Remembering that drug abuse affects a relatively small percentage of society at this time, the cost in economic terms is high. Unless our programs in prevention, treatment, and supply reduction can reverse the upward trend in drug abuse, the cost will rise even further. If the $25 billion a year estimated cost of alcohol abuse and alcoholism by 7 percent of the adult population of this country is added, the combined dollar costs of alcohol and drug abuse can be conservatively estimated to total $35 billion a year!

The taxpayer pays the bill to rehabilitate the addict. A research psychiatrist for one treatment program indicates it cost his State approximately $1,300 a year to rehabilitate just one addict. Doctors in another program estimate six weeks of in-patient treatment followed by after-care programs totals $3,000. Just assuming the treatment programs were available to all addicts in the country, society would pick up a tab ranging from $828,000,000 to $1,680,000,000.

While these figures are alarming, they do not begin to reflect the total cost of the abuse of narcotics and dangerous drugs.[2]

FOOTNOTES

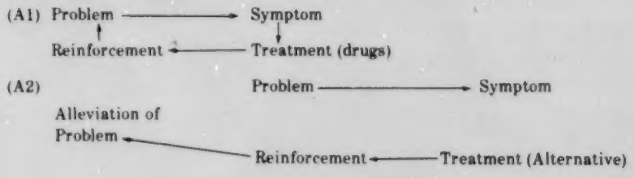
[1]Report of the Federal Strategy for Drug Abuse and Traffic Prevention, 1975, (Washington, D.C.: U.S. Government Printing Office, 1975.) page 17-19.

[2]Fact Sheets, (Washington, D.C.: U.S. Department of Justice, Drug Enforcement Administration, 1975), p. 16.

Many people have felt that drug use in the State of Alabama is not a problem. In school surveys in the areas of Mobile and Birmingham, the results showed that drug use patterns fall within the range of drug use across the United States. This information appears to indicate that drug use in Alabama is much like the rest of the United States in that two out of three people will have tried a drug at least once before leaving high school.[1] This establishes the fact that average people are as susceptible to drug use and abuse as the people who are representative of counter-cultures. That is to say that drug use could be considered to be normative behavior. This does not indicate that a person who does not use a substance is abnormal. It does mean that the majority of the population will experiment with psychoactive substances and will use agents for social interaction.

If in fulfilling a desire for pleasure the user could be assured of not suffering destructive effects from this use, there would be no need to be concerned about drug abuse prevention. Unfortunately, destructive consequences do occur. There is an indication that approximately twenty-five percent of the population begins to seek out a treatment for the symptoms of distressful problems. This concept might be viewed as one that could indicate for some people a worthy use of drugs. The pattern of seeking out drugs as treatment for problems leads in some cases to a dysfunctional life style. The emphasis in the past has been on the drugs themselves as being where the problem lies; however, since drug use is normative behavior, the problem lies not with understanding the drugs, but with understanding the human being. By viewing drug use from this perspective, educators would do well to consider a humanistic approach in guiding young people to avoid dependence on outside agents to aid them in coping with life.

As people begin to seek out solutions to problems by treating the symptoms, it is easy to see that the treatment can be reinforced to the point that the treatment becomes the problem. (A1) As an example, when the problem is an experience of poverty and the symptom, which is difficult to deal with, is alienation, the individual can easily treat the symptom with heroin. The prolonged treatment brings about a reinforcement that creates a new problem, heroin addiction. A more common example for most of us would be a socially not-accepted pre-adolescent who finds that he can treat the symptoms of peer pressure by sharing tobacco with his friends. The tobacco which is the treatment, becomes the reinforcement that creates the tobacco habit which is, indeed, a problem. This creates a vicious circle in which the problem will not be solved by drugs but must be solved by some alternative. (A2)



At birth, parents are the sole persons who influence the knowledge, attitudes and behavior of their children. As a child progresses through his growth and development, the influence of his parents rapidly decreases. This phenomenon did not exist in the past nearly as much as it does at present because families were more closely knit and stayed together for longer periods of time during the maturation process. As a result, peer pressure is extremely significant. The degree to which an individual's peers influence him can vary according to his environment. Usually, however, between the ages of nine and eleven, the peers take over the stronger role in influence of the development of knowledge, attitudes and behavior of the individual. Although parents do begin to regain their influence by the time an individual reaches an age where he must sustain his own livelihood, it never regains its position of dominance over peer group influence. Consequently, after having established drug use as normative behavior, there is definitely a reason to believe that peer group pressure is at least a major impetus in creating attitudes favorable to drug use.

The literature indicates many reasons for people to involve themselves in the use of psychoactive substances. On close inspection of the reasons, it can be determined that people commonly use substances to intensify or avoid their life's experiences. Some drugs can be used for both. Take alcohol for example. The man who drinks to the point of oblivion to forget his problems also could drink at a weekend function to become the life of the party.

In the humanistic approach, it is important to know what the user expects from his drug in order to help him choose an alternative that will adequately fulfill his need for avoidance or intensification of life's experiences. It should be pointed out that in observing the psychology of drug abuse and drug dependency, one runs the risk of making judgements based on the substances alone and not on the purpose for which the drug was taken.

In addition to stating reasons why people use psychoactive substances, it also can be pointed out that individuals who use these substances can be classified into several broad categories.

1. *Experimental*—This group includes those individuals who are curiosity seekers.

2. *Recreational*—In this group we find those individuals who use psychoactive substances only in social settings, for example, people who drink or smoke at parties.

3. *Circumstantial*—In this group we include those individuals who use psychoactive substances for such things as exams, endurance, stress and/or boredom.

4. *Intensification*—This group includes those individuals who need or use psychoactive substances daily.

5. *Compulsive*—This group includes instances where psychoactive substances result in preoccupation and domination of the person's existence.[2]

In conclusion, it can be seen that a drug problem does exist in the State of Alabama and because of this educators have a responsibility to do all that is possible to eradicate this problem. It has been indicated that we view the use of psychoactive substances as normative behavior and that there is a definite crossover from the use to the abuse of psychoactive substances. In addition, the development of attitudes through parental and peer pressure has been illustrated. Two common reasons for the use of psychoactive substances and five major categories into which individuals using psychoactive substances can be divided have been indicated. Drug use lies not in the drugs themselves, but rather in the individual. Educators would do well to consider a humanistic approach in guiding young people to become individuals who can cope with life without the use of psychoactive substances.

FOOTNOTES

[1]Second Report of the National Commission on Marijuana and Drug Abuse, *Drug Use in America: Problem in Perspective* (Washington, D.C.: U.S. Government Printing Office, March 1973, p. 73.

[2]National Commission on Marijuana and Drug Abuse, "National Panel Calls for Rethinking, Reorganization, Reorientation, Revision and Revitalization to Deal With U.S. Drug Problems," *Connection*, Vol. I. Number 5 & 6 (Oakland, California: Institute for Social Concerns, March, April, 1973), p. 2.

SOCIAL IMPLICATIONS OF DRUG ABUSE

Do we have the right to live our lives the way we want without consideration for the other members of our society? How do the things we do affect the society in which we live? In looking at the abuse of psychoactive substances, we must answer questions such as these. Drug abuse is a problem which directly or indirectly affects every sector of our society. Therefore, drug abuse must be considered a major social problem. This may not be recognized at first glance, but if we look at the situation more closely, it can be seen that this is true. If we view the situation from the standpoint of cost to society, the facts are staggering. The reference here is not only to taxpayers' dollars, but also to the cost in loss of lives and ability to be a contributing member of society.

It is difficult to look at the major social institutions separately in the discussion of drug abuse as a social problem because in a complex society such as ours, what one institution does affects what other institutions do just as what one individual does affects another. To help simplify this discussion, several basic "institutions" in our society will be viewed individually to illustrate the extent to which the problem of drug abuse affects each particular element. The "institutions" which will be viewed are as follows: the economy, health, education and the family. After discussing the negative sociological aspects of drug abuse, a positive point of view will then be considered showing what society is doing or could do to eradicate this social problem.

Looking first at the economy, it can be seen that millions of taxpayers' dollars are spent each year in connection with drug abuse. In 1970, $105,000,000 was spent in training, research, education and law enforcement alone and the amount for 1973 is estimated at $500 to $700 million.[1] This sum does not represent the total cost to society. Some of the money is used for the construction of rehabilitation centers. These centers also must be fully equipped and staffed. Treatment centers demand a great deal of money for detoxification and maintenance programs for the abuser. Thousands of dollars are spent each year for the employment and training of special law enforcement officers. Even more thousands of dollars are wasted each year in thefts committed for the purpose of supporting a drug habit. The cost of incarcerating individuals in county, state and federal prisons is eventually placed on the taxpayer. Not only are the drug abusers themselves an economic burden to society, but huge sums of money also are spent every year to support families whose economic lives have been damaged due to the loss of a member or the family head.

Health is another important "institution" in our society and one which is greatly affected by drug abuse. Thousands of people develop diseases such as cancer and emphysema associated with chronic tobacco usage; cirrhosis of the liver, malnutrition and nerve cell damage associated with amphetamine abuse. In addition to these physical disorders, abusers sometimes suffer mental disorders. In this way, they have placed additional burdens on society because they have become dysfunctional and must therefore be maintained by society. In viewing health, the future effects of the use of psychoactive substances must be considered. How drug abuse will affect future generations genetically is still uncertain. But one has to stop and remember the tragic effects of thalidomide to see one definite awesome outcome. LSD has long been suspected of causing possible chromosome damage and it, as well as other drugs, are being investigated at this time to try to discover possible genetic effects. It is the responsibility of our society to make the future world a better place in which to live.

Drug abuse also affects the area of education. This problem has made it necessary for our educational system to initiate drug education throughout the United States. Some programs have been expensive because much money has been spent on training teachers and purchasing materials. In the classroom, the drug abuser may exhibit chronic absenteeism, a measurable decline in performance, and at times may try to induce others to join him so he can support his habit. Education is presently involved in the prevention, research, evaluation and early intervention of drug abuse. Educators have come up with a conglomerate of approaches which make a simple solution impossible; however, educators alone cannot possibly create a single force in prevention. Nevertheless, as education begins on the primary level and extends through the secondary level, it is hoped that attitudes and decision-making processes will be formed in such a way that the problem will decrease. In addition to educating youths, it is necessary for the educational system to develop alternatives to the use of psychoactive substances.

The family structure is another "institution" in our society affected by drug abuse. Families are sometimes broken up due to the abuse of drugs. For example, family heads can become dysfunctional, lose their jobs and become unable to sustain a family. Divorce and separation of families may result also. The mental and the emotional anguish suffered by the drug abusers' families is immeasurable.

It is a fact that drug abuse does indeed affect society adversely. Since this is true, the citizens of this society have a responsibility to alleviate the problem. The drug abusers themselves present a negative side of the problem. A positive view can be seen if a look is taken at what society is doing or could do about the problem.

Treatment and rehabilitation deals primarily with crisis intervention. In essence, several workable ways of dealing with drug abusers have come about which fall under such classifications as methadone maintenance,

psychiatric approaches, detoxification, and out-patient counseling. While it may seem that treatment programs have not been successful, progress can be observed from the adjustment of life styles.

The laws concerning psychoactive substances in our various governmental bodies have shown some inadequacies. The police forces have been constantly working to upgrade enforcement, but there has been only minimal progress in this area.

The news media should be knowledgeable about up-to-date policies and procedures involved in the entire broad spectrum of drug abuse. The news media must take the responsibility of providing a more factual approach to drug abuse reporting. It is their additional responsibility to restrict advertising that will encourage the use of psychoactive substances.

The pharmaceutical companies and the medical profession also must be forces in the fight against drug abuse. Pharmaceutical companies need to exert more control over their own products rather than rely on society's legal system for assistance. The medical profession needs to develop a more humanistic approach in the treatment of certain disorders. Often it has been contended that drugs are prescribed unnecessarily at times and only add to a person's problems rather than minimize them.

Youth and parents both have a responsibility in combating the drug abuse problem. Youth should be recognized as a group whose rights are equal to other members of society; however, concurrent with their pleas for understanding, they should develop some understanding for the "establishment." Parents must recognize that they are their children's first teachers, and although the rapid changes in mobility in American life create a different image of status for the family, they are the single most important factor in building a foundation for the growth and development of their children.

Concerned citizens must realize that all social agents have an important contribution to make in unifying their efforts and bringing about the realization that the people who live and work in the State of Alabama are a much greater force than the problems of drug abuse. We each have a responsibility as members of society; therefore, we must examine this responsibility and in so doing possibly find a way to rid society of one of its major social problems—drug abuse.

FOOTNOTE

[1]Harold J. Cornacchia, Ed. D., *et al, Drugs in the Classroom* (St. Louis: The C. V. Mosby Company, 1973), p. 108.

To Persuade

Americans are subjected to massive promotions propounding the concept that ours is a drug culture. People are constantly encouraged to buy and use drugs through advertising; consequently, the public has been convinced that the answer to most of life's problems is drugs. Millions of dollars are spent each year prompting the use of drugs, thus creating a structure in society which projects that the normal and accepted way to achieve health, happiness, pleasure and relief from anxieties and pain is to drink, smoke, eat or swallow a drug.[1]

A study was conducted by the Coronado, California Unified School District to determine the relationship between drug use and advertising. It was found that there is a relationship, but a complex one. The major conclusions of the study were as follows:

1. Drug and cigarette advertising affects the very young (subteens) and encourages them to experiment with certain drugs.
2. Experimentation takes the form of increasing dosage to see what kind of "kick" can be obtained.
3. Pleasure and relief are depicted in many advertisements. The depictions of relief and personal satisfaction act as reinforcing agents to general teenage use.
4. Teenage initial experimentation and drug advertisement do not seem directly related; but early excessive usage of Bufferin, Midol, etc., widely advertised products, could be the seedbed for later experimentation. The reinforcement function should not be overlooked in studying the relationship between advertising and drug use.[2]

The advertising industry has for years employed some of the best psychologists and the teenage group has especially been exploited. The group pressure for conformity has helped business and industry create a multimillion dollar market.

Studies show that as a result of "legal pushing and acceptance of the use of drugs in our society, the average home medicine cabinet is a "drugstore." It has been estimated that the medicine cabinet contains an average of twenty-two different drugs, thus indicating that the self-prescribing of drugs and medicines has become accepted in our culture. Children have become accustomed to seeing their parents freely use and misuse different drugs and this attitude in itself has become a major promotion for drug use and abuse.[3]

Receptivity of the concept of drug usage in our society is perpetuated by music, movies and television shows as well as by advertising. Themes of movies and television shows and lyrics of songs serve as drug promotion methods in our society.

Since advertising has such an influence one should understand certain strategies underlying this technique. Any act which communicates with and tries to motivate individuals and/or groups toward some action can be classified as advertising. The purpose of this may be to sell, to form opinions, to change habits, to motivate, to cause people to act, to inform, to shape people's behavior, and/or to influence. Due to the complexity of advertising and promoting, one must be aware of some of the techniques utilized:

1. **Bandwagon**—Join the crowd. Everyone else is doing it. It can't be wrong if so many people are doing it.
2. **Testimonial**—A person professes the value of a product.
3. **Glittering Generality**—Superlative generalization (whitest white). Using general words that sound good.
4. **Plain Folk Appeal**—Nothing fancy about the product. I'm just like you and it worked for me.
5. **Name-Calling**—Using unpleasant words about a competitive product.
6. **Transfer or False Image**—Something desirable is put with the product to make it more tempting and to imply that by using the product, the individual will be like the image created.
7. **Rewards**—Gimmicks such as free offers, stamps, etc.
8. **Progress**—Products are changed so the consumer will think it has been improved and consequently must be better.
9. **Humor**—Funny cartoon, jingle or slogan often sells an idea or product.
10. **Scientific Evidence**—Attempts to prove superiority of products by using various methods to gather scientific evidence to substantiate claims of superiority.
11. **Brand Loyalty**—Accept the no substitute theory. Create conviction which will cause people to purchase their product.

By analyzing advertisements, individuals should be able to make more intelligent decisions.

In an attempt to decrease the glamour surrounding

cigarette use, Congress prohibited radio and television cigarette ads as of January 2, 1971. However, following the ban, cigarette advertising in leading magazines doubled.

The National Association of Broadcasters also issued guidelines for ads. They state that ads for calmatives, stimulants, and sleeping aids must not imply a casual attitude toward drug use, and they must not be "attention-getting" to the young. The advertisement must avoid suggesting "instant relief" and pleasurable effects. It must also be made clear that the drugs are only for occasional use, and taking a pill may not be shown.[5] In spite of these guidelines, advertising serves a reinforcement function for relief and personal satisfaction.

Still another effort is being made to curb advertising by Congressman Claude Pepper (Dem., Florida), a chairman of the House Crime Committee. The drafted bill will bar all television commercials for sleeping pills, sedatives, painkillers, antacids, laxatives, diet pills, tranquilizers, cough medicines, etc., between the hours of 8 a.m. and 9 p.m.—the prime viewing hours for children. The House Crime Committee report states, "The proliferation of televised drug advertising is contributing to our national drug crisis. It conditions to the unnecessary use of drugs. Many advertisements give the false impression that taking drugs—"pill-poppin"—is good for you, that it will improve your mind and make you happier by reducing tensions.

"These advertisements are especially harmful to a child and impressionable teenagers . . . Undoing the initial impact of these television commercials will take a lifetime of education."[6] If the ban is placed on T.V. commercials, the medium would lose more than $250 million a year.

The Food and Drug Administration (FDA) has authority only over prescription drug advertising. Nonprescription drug advertising over television and radio and in newspapers and magazines is under the jurisdiction of the Federal Trade Commission. The kinds of advertising permitted on television and radio are the responsibility of the Federal Communications Commission.

As soon as the National Drug Administration is approved, the drug firm must submit its proposed advertising and promotional material for review. FDA regulations provide that advertising aimed at physicians in medical publications, brochures, pamphlets, and exhibits must be truthful, fairly balanced, and fully informative. They require, for example, that claims concerning a drug's effectiveness must be balanced fairly with information on side effects and contraindications. Also, claims of usefulness for a drug may not exceed those permitted in the FDA-approved labeling. Nor can a drug firm suggest that its drug is better, more effective, safer, or that it has fewer or less serious side effects or limitations that can be supported by substantial clinical experience or other scientific evidence.[7]

Advertising may not be considered uniquely responsible for attitudes toward drugs but it is an influencing and reinforcing agent. Advertising actually operates within the context of a person's total environment.

FOOTNOTES

[1]Harold J. Cornacchia, David J. Bentel, and David E. Smith, *Drugs in the Classroom* (St. Louis: The C. V. Mosby Company, 1973), p. 30.

[2]Sally McClure and Nora Wenz, *The What, Who, Where, Why, When and How of Advertising* (Coronado, California: The Coronado Unified School District, 1971), p. 6.

[3]Cornacchia, *op. cit.*

[4]McClure and Wenz, *op. cit.*, pp. 22-29.

[5]Ray, *op. cit.*, p. 120.

[6]"Hot Pepper", *Connection* (Oakland, California: Institute for Social Concerns, December, 1972).

[7]Hafen Faux, Drug Abuse (Provo, Utah: Brigham Young University Press, 1973), p. 11.

The laws pertaining to drug use and abuse arose out of a necessity to curtail man's indulgence in chemical recreation and to protect him from himself and others in the society in which he lives. As narcotics increased in popularity, laws were enacted by Congress to protect the people and the society over which it governed. In 1906, the Federal Pure Food and Drugs Act became law; its purpose was to insure the safety of medicines and to prohibit the importation of opium and its derivatives except for medical purposes. These laws were not enforced vigorously and as a result, the Harrison Narcotic Act was passed in 1914. This law required the registration and payment of an occupational tax by persons dealing with narcotic drugs. It restricted the dispensing of opiates by pharmacists without a written prescription from a physician. As a result of this act, the physician was reluctant to prescribe narcotics to the known addict, thus forcing the addict to find another source of the drug. As the demand for the drug increased, new legislation was necessary to curb the growth of the narcotics problem which was engulfing countless individuals. The Narcotic Drug Import and Export Act was passed in 1922, and it provided heavy penalties for importation of narcotic drugs. This was followed by the establishment of the Bureau of Narcotics as a branch of the Treasury Department in 1930 to enforce these laws.

The Narcotic Addict Rehabilitation Act (NARA) was signed into law September 8, 1966, with the view that narcotic addiction is symptomatic of an illness that should be treated and not a criminal offense in itself. This act authorizes Federal courts to commit for treatment certain eligible narcotic addicts who are charged with a Federal offense and who desire to be treated for their addiction instead of being prosecuted for the criminal charge. It provides for a sentencing procedure that commits for treatment addicts who qualify under the NARA and who have already been convicted of a crime. It also provides for civil commitment of addicts not charged with an offense.[1] In an effort to tackle the problem of increasing drug abuse, more than 125 bills were introduced in the United States Congress in 1970. The result of the labors is H.R. 18583, a bill presented by Representative Harley O. Staggers of West Virginia, signed into law October 13, 1970, as Public Law 91-513 and known as the Comprehensive Drug Abuse Prevention and Control Act.[2]

The Federal Comprehensive Drug Abuse Prevention and Control Act, 1970, contains four sections. *Title I* deals with rehabilitation and education programs. It gives the Department of Health, Education and Welfare the authority to provide grants totaling $75 million over a three-year period for rehabilitation, treatment and prevention programs administered through community mental health centers and public health service hospitals and facilities. In addition, $29 million is provided for drug education activities and $85 million is authorized for hard-core drug users, primarily in inner-city areas. Also provided under this Title, the National Institute of Mental Health is authorized and encouraged to increase its research activities. *Title II* charges the Justice Department with enforcement and control provisions. Prior to July 1, 1973, the drug law enforcement was in the hands of many agencies among which were the Bureau of Narcotics and Dangerous Drugs, the Office for Drug Abuse Law Enforcement, the Office of National Narcotics Intelligence and certain activities of the Law Enforcement Assistance Administration. The Treasury Department is also involved in enforcement work through the Bureau of Customs. The Drug Enforcement Administration has now replaced the above agencies and will be headed by an administrator reporting directly to the Attorney General.[3] Included in Title II is the "no knock" provision, (a provision by which agents may enter a dwelling without knocking if there is "probable cause" that evidence will be destroyed or that an agent's life is in danger) and the establishment of a Commission on Marijuana and Drug Abuse to report to the Congress the cause of marijuana use and the problems arising from abuse of marijuana and other drugs. *Title III* deals with the international aspects of drug traffic and abuse. *Title IV* is devoted to reports on advisory councils.

The Alabama Uniform Controlled Substances Act was signed into law September 16, 1971, in an effort to (1) standardize state laws with the Federal Comprehensive Drug Abuse Prevention and Control Act, (2) provide a tool for the prevention of drug abuse and drug dependency, and (3) repeal existing state statutes in conflict. In an effort to accomplish these goals, drugs have been classified into five schedules in sections 203 through 212 of the Alabama Uniformed Controlled Substances Act according to their potential for abuse and accepted medical use in treatment.

Section 203 and 204

The State Board of Health shall place a substance in Schedule I if it finds that the substance:

(1) has high potential for abuse; and
(2) has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, i.e. . . .

Heroin, psilocybin, THC, peyote, mescaline, marijuana, lysergic acid diethylamide (LSD)

Sections 205 and 206

The State Board of Health shall place a substance in Schedule II if it finds that:

(1) the substance has high potential for abuse;
(2) the substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and
(3) the abuse of the substance may lead to severe psychic or physical dependence. i.e. . . . Methadone, cocaine, codeine, morphine

Sections 207 and 208

The State Board of Health shall place a substance in Schedule III if it finds that:

(1) the substance has a potential for abuse less than the substance listed in Schedules I and II;
(2) the substance has currently accepted medical use in treatment in the United States; and
(3) abuse of substance may lead to moderate or low physical dependence or high psychological dependence. i.e. . . . Amphetamines, methamphetamine—Stimulant effect on central nervous system—any substance containing barbituric acid not listed in another schedule—Depressant effect on central nervous system

Sections 209 and 210

The State Board of Health shall place a substance in Schedule IV if it finds that:

(1) the substance has a low potential for abuse relative to substances in Schedule III;
(2) the substance has currently accepted medical use in treatment in the United States; and
(3) abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. i.e. . . . Barbital, phenobarbital, depressant effect on central nervous system.

Sections 211 and 212

The State Board of Health shall place a substance in Schedule V if it finds that:

(1) the substance has a low potential for abuse relative to the controlled substances listed in Schedule IV;
(2) The substance has currently accepted medical use in treatment in the United States; and
(3) the substance has limited physical dependence or psychological dependence. Liability relative to the controlled substances listed in Schedule IV. i.e. . . . medicine with narcotic compounds in very limited quantities

The offenses and penalties provided for in this act are included in Sections 401, 406, 407 and 507.

Section 401—Offenses and Penalties

Except as authorized by this Act, (individuals registered in medical field) any person who possesses, sells, furnishes, gives away, obtains, or attempts to obtain by fraud, deceit, misrepresentation, or subterfuge, or by the forgery or alteration of a prescription or written order, or by the concealment of material fact, or by use of a false name or giving a false address, controlled substances enumerated in Schedules I, II, III, IV, V is guilty of a felony and upon conviction for 1st offense may be imprisoned not less than two nor more than fifteen years and, in addition, may be fined not more than $25,000: Except any person who possesses any marijuana for his personal use only is guilty of a misdemeanor and upon conviction for the offense shall be imprisoned in the county jail for not more than one (1) year, and in addition, shall be fined not more than $1,000; but the penalties for the subsequent offenses relating to possession of marijuana shall be the same as specified in the first sentence of this Section 401(a).

Sections 406 and 407: Distributions to Persons Under Age 18

If the offender is over the age of eighteen and the offense consisted of selling, furnishing or giving such controlled substances as enumerated in Schedules I, II, III, IV, V to a person who had not attained the age of eighteen years the offender shall upon conviction be imprisoned not less than four nor more than thirty years and, in addition, may be fined not more than $50,000. The imposition or execution of sentence shall not be suspended and probation shall not be granted.

(a) Any person convicted of a second or subsequent offense under this Act may be imprisoned for a term up to twice the term otherwise authorized, fined an amount up to twice that otherwise authorized or both.
(b) For purposes of this Section, an offense is considered to be a second or subsequent offense, if, prior to this conviction of the offense, the offender has at any time been convicted under this Act or under any statute of the United States or of any state relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs.

Section 507—Pipes and Paraphernalia

(a) It is unlawful to possess an opium pipe or any device, contrivance, instrument, or paraphernalia used for unlawfully injecting, or smoking a controlled substance enumerated in Schedules I through V.
(b) It is unlawful to visit or to be in any room or place where any controlled substance enumer-

ated in Schedule I through V is being unlawfully smoked or used with knowledge that such activity is occurring.

(c) Any person convicted for violation of this section shall be punished by imprisonment in the county jail for not more than one year for the first offense. If a person has been previously convicted of any offense related to controlled substances in Schedules I through V in this state or any other state, such person may be imprisoned for two to fifteen years.

In the event that a person is convicted of a felony, even if the sentence is suspended, he loses the right to vote, to own a gun and to run for public office. He loses the opportunity of ever being a licensed doctor, dentist, CPA, engineer, lawyer, architect, realtor, osteopath, physical therapist, private detective, pharmacist, school teacher, barber, funeral director, masseur or stock broker. He can never obtain a job where he has to be bonded or licensed. He cannot enlist in any military service and he cannot work for the city, county or Federal Government. All violations of the Alabama Uniform Controlled Substances Act, except for the first possession of marijuana, are felonious offenses. (A felony is a crime graver and more atrocious than a misdemeanor and carries with it a sentence of more than one year in the penitentiary. A misdemeanor is a lesser crime than a felony and carries with it a sentence of one year or less in the county jail.)

FOOTNOTES

[1]National Institute of Mental Health, *The Narcotic Addict Rehabilitation Act of 1966* (Washington, D.C.: U.S. Government Printing Office, 1972).

[2]Summary of Drug Abuse Legislation 91st Session of the U.S. Congress, "A Popular Cause," *Grassroots* (Washington, D.C.: National Coordinating Council on Drug Education, Inc., 1970).

[3]*Message on Reorganization Plan No. 2 of 1973, Establishing a Drug Enforcement Administration from the President of the United States* (Washington, D.C.: U.S. Government Printing Office, 1973).

[4]National Commission on Marijuana and Drug Abuse, "Survey of State Penal Laws, Marijuana, Narcotics and Dangerous Drugs," *Grassroots* (Washington, D.C.: National Coordinating Council on Drug Education, Inc., March, 1973), pp. 2-9.

With the proliferation of drug use by today's youth, it would seem unrealistic to assume that the effects would not be manifested in the classroom. It thereby becomes necessary for teachers to take a fresh look at students in light of this recent development. This may entail a complete turnabout in the teacher's outlook. Too often teachers become so caught up in teaching subject matter that they lose sight of the fact that they are also teaching students. Certainly this is not likely to facilitate a relationship whereby the teacher knows and regards his students as individuals. The effects of drug use are not as obvious as we often suspect, and frequently the initial symptoms are behavioral or personality changes. In order for the teacher to detect these deviations, it is necessary for him to be somewhat familiar with the student's normal behavior; otherwise, he has no basis upon which to compare.

Although drug abuse often leads to behavioral changes, this does not mean that all changes come about as a result of the use of drugs. The teacher must exercise caution in interpreting any observations which he may make. Everyday problems, especially in the case of adolescents, may cause stress, tension and other alterations in mood. Some characteristics which may indicate the use of drugs by a student are as follows:

1. Change in the usual pattern of a person's life
2. Change in attendance, discipline, work, performance
3. Decline in physical appearance and dress
4. Shift in use of language
5. Signs of an opposite personality emerging; that is, a hostile or withdrawn person becomes friendly; a friendly person becomes depressed or hostile
6. Rejection of old friends and secrecy about new ones
7. Stealing[1]

These are, of course, only symptoms which may or may not be caused by drug use. It may, however, prove beneficial to be familiar with them.

Along with an increasingly familiar attitude between student and teacher comes more responsibility on the part of the teacher. A student may begin to see the teacher as a person with whom he can discuss a problem, rather than simply an individual who disperses information in class. This outside contact is favorable as it indicates trust on the student's part. This places the teacher in the role of a counselor and it is important to remember that no matter how insignificant the problem may seem, it probably means a great deal to the student and should be treated with respect. Possibly the most essential rule to remember in counseling is—"Listen to what the person has to say." This cannot be emphasized enough! Be willing to listen and let the student define his own problem. He may solve it himself just by defining it. It may be necessary, however, for the teacher to help redefine the problem in order for the student to gain a calm assessment of the situation. The attitude of the teacher will play an important role in whether the discussion will continue. Treat the student as someone whom you are sincerely interested in helping. Above all, do not play the "all-knowing role," or adopt a condescending manner. Maintain a neutral attitude and discuss the problem in terms of the student's personal needs.[2] Remember, this is how he is viewing it. Do not give advice unless asked because this could be interpreted as an attempt to impose your values on the student. A good counselor will help a person to solve his own problem rather than solve it for him.

The effects of drug abuse on the classroom routine may not always be as subtle as previously described. There have been instances in which students have shown marked physical changes as a result of a drug overdose. Fortunately, this is a relatively rare occurrence; however, it is important that the teacher be prepared for a situation in which emergency first aid would have to be administered. With the availability of such a profuse variety of drugs, it is often difficult to make a diagnosis and arrive at a suitable treatment. Any situation is manageable if one remains calm and abides by a few rules, which are basically common sense.

1. It is generally best to clear the room if possible but always keep a friend or familiar face near the subject.
2. Inquiries made among the subject's friends may help to determine the nature of the drug taken.
3. If the drug is unknown, treat the symptoms only. In most cases it is better to *undertreat* than to *overtreat*, and often all that is needed is reassurance.
4. Make the patient comfortable, lay him flat, loosen clothes, keep him warm.
5. If conscious, call physician immediately and
   (a) treat for shock (warmth, rest, fluids)
   (b) If drowsiness occurs, walk patient around, give stimuli (coffee, orange juice)
   (c) If overdose is suspected, induce vomiting with lukewarm salt water, only if fully conscious and never if caustic solution has been swallowed.
6. If unconscious, call physician immediately and
   (a) above all, maintain a clear airway (clear mouth of gum, partial plates, etc., pull tongue forward, head turned to the side with chin extended up and out)
   (b) look for any signs of difficult breathing

(gasping, choking, skin pallor)

(c) Quickly check for pulse (carotid artery in neck)

(d) if breathing has stopped, apply mouth to mouth resuscitation*

(e) if all fails and *only in extreme circumstances*, apply external cardiac massage.

7. If convulsions occur, don't panic (they are usually brief). Wedge something between patient's teeth (wad of cloth or pencil wrapped in cloth) to prevent injury.

Key points in the above instructions are "stay calm" and "treat only the symptoms, never overtreat."

*Details concerning mouth to mouth resuscitation may be obtained from most tenth grade biology texts or local Red Cross chapter.

FOOTNOTES

[1]New York State Department of Health, "Diagnosis and Emergency Treatment" (New York, New York).

[2]Robert Ladner, Jr., *Basic Procedures for Crisis Intervention and Drug Counseling.* Report for Regional Drug Abuse Training and Resource Center, University of Miami, Miami, Florida, 1972. (mimeographed).

Where only hopelessness and apathy once existed, there is now a feeling of a meaningful movement in the treatment of drug abusers. The realization that *addiction is a disease* and neither a moral affliction nor a crime has led to the development of many different methods of treatment. We should be concerned with what we can do for them, not what we can do to them. Obviously, the illicit use and abuse of drugs is the reflection of a troubled society which has lost its vision, idealism and achievement to technology in the rush for pleasure. Until society regains its direction and integrity, all drugs will remain a problem. Millions can be spent on treatment and rehabilitation, but the real treatment lies buried deeply in the attitudes and values of the community. The high percent of failure of these programs is due in part to the rejection of former users by the community.

Not too long ago, treatment for drug abuse was based solely on withdrawal and detoxification. More recent programs have become concerned with the user after detoxification in helping him combat stress situations and pressures of society after he returns. Even these have limited success in terms of the truly "cured" addict, but they are leading us to a better understanding of the mental and emotional makeup of the user. Treatment and rehabilitation today consists of three major steps: (1) initial detoxification under medical supervision in a hospital (2) psychiatric evaluation and therapy (3) return to the community under continued medical supervision and counseling.[1]

Withdrawal and Detoxification

When a person becomes physically addicted to a drug or chemical, definite chemical reactions take place in the body to counteract the effects of the drugs. When the drug is no longer taken into the body, a chemical imbalance occurs causing symptoms of withdrawal characteristic of that particular drug.

Detoxification is the process whereby the physical need and craving for a drug is gradually eliminated. Initial detoxification is best accomplished under medical supervision. The drug intake can be limited to prescribed medications. An example would be those used for the purpose of gradual withdrawal. Detoxification not carried out under medical supervision can lead to severe illnesses and in the case of barbiturates and other depressants, death. In addition to the gradual withdrawal of the drug, the patient is also examined for underlying psychological disorders and referred to one of the following for treatment.[2]

Psychiatric Evaluation and Therapy

There are several facilities available to the addict who is seeking or is compelled to find aid after detoxification. The basis of all of these is psychotherapy.

The first attempt at rehabilitation was the establishment of the classic psychiatric hospital approach begun at Lexington, Kentucky, and Fort Worth, Texas, in 1936 and 1938, respectively, by the federal government. Their low cure rate was well known. This is due in part to their attention to the purely physical removal of the drug and less attention to the social and psychological aspects of the addict. Both centers have since been closed.

Another drug abuse treatment program is Synanon, founded in 1958 by Charles Dederich, a recovered alcoholic. Synanon claims the highest cure rate for narcotic addiction of any rehabilitation program to date. Synanon has two basic rules—no physical violence and no drugs of any kind. The addict has to conform or leave. There are no locks, no bars, no guards and he is free to leave at any time.

In small-group therapy sessions the addict learns to verbalize and confront his emotions and feelings in the search for an identity he has lacked. He learns to construct human interaction and response. Another requirement at Synanon is that everyone must work. "There is a pervasive feeling, probably induced by Charles Dederich, that the dignity of being human has something to do with the dignity derived from self-reliance and self-support."[3]

Another therapeutic community is the Phoenix House program of the Addiction Services Agencies (ASA) of the City of New York, begun in 1967. Its greatest advantage is its location in an area of high abuse, which makes it accessible and highly visible to those who need it most. The fact that it is present in the neighborhood makes it a symbol of hope for those who need a model for reidentification. It differs from Synanon in that the person is not free to leave for the first two months. Rules are strictly enforced and infractions are severe but just.

Usually after breakfast or lunch, a director leads a structured meeting. Individual and interpersonal reactions are held in groups called encounter sessions. Nothing is barred from these intensely verbal and emotional encounters except dishonesty and physical violence. Once the encounters are over, there is usually a social gathering which serves to reinforce the acceptance

of the individual, regardless of what went on in the encounter session.

Residents pool their welfare stipends toward operating expenses and each is assigned to work details. Education is also an important part of rehabilitation. Some residents are given vocational training when they advance to re-entry houses to equip them better for entrance into society.[4]

Daytop Village on Staten Island is another community based on the Synanon concept. It is supported by the National Institute of Mental Health and serves as a "half-way" house between the courts and the community. Residents not abiding by the rules are sent back to the courts.

There are many other programs in many states throughout the nation. To date the success rate in these smaller therapeutic communities has been fairly low. Through trial and error, more realistic approaches and improved methods have led to a gradual climb in the percentage of successfully rehabilitated individuals. In larger Alabama cities, similar communities exist which operate on the same philosophy.

Alcoholics Anonymous (AA) is an organization consisting of recovered alcoholics who seek to help others in group therapy sessions. It is believed that AA members, because of their intimate, personal experiences, are best able to help those who need strength and hope to overcome their problems. The only requirement for membership is a desire to stop drinking. AA has had reasonable success and its members number in the hundreds of thousands.

Recently the government has sponsored state-operated programs. Alcoholism Information Centers affiliated with the National Council on Alcoholism are being located in many towns and cities. Under the auspices of the State Department of Mental Health, regional alcoholism councils are being established in various sections of Alabama.

Methadone Maintenance

The World Health Organization defines methadone maintenance as the continuing daily oral administration of methadone under adequate medical supervision, the dose being adjusted (a) to prevent the occurrence of abstinence phenomena, (b) to suppress, partially or completely, the continuous preoccupation with taking drugs of the morphine type and (c) to establish a sufficient degree of tolerance and cross tolerance to blunt or suppress the acute effects of such agents.

Methadone is a synthetic narcotic developed by the Germans during World War II when other analgesics became scarce. It is now used in the treatment of addicts of the morphine type. When taken orally, usually in a glass of orange juice, it takes the place of the narcotic drugs and relieves the person of the desire to obtain other narcotics.

The first methadone maintenance program was initiated in the early sixties and by 1973, more than 73,000 addicts in the United States were on methadone maintenance.[5] Methadone has found its way into the illegal market and overdose deaths due to methadone abuse is skyrocketing. Due to this abuse, the methadone program needs tighter controls and should include the following: (a) availability of adequate facilities for the collection and testing of urine (b) medical and psychiatric supervision (c) hospital facilities and (d) vocational, social and educational counseling.[6]

Although the addict on methadone has only shifted his addiction from one drug to another, he has greatly decreased his and society's problems associated with his addiction. He no longer faces the criminal element or the threat of arrest for activities associated with acquiring or using an illegal drug. He is able to return to society and function as a normal human being.

Antagonistic Drugs

Research is being performed to determine the feasibility of using certain drugs as antagonists in treating the narcotic addict. These drugs, such as cyclazocine, block the effects of narcotics thereby eliminating the need to continue using these drugs. It is believed that scientists are on the verge of perfecting some of these antagonists for widespread therapeutic use.[7]

FOOTNOTES

[1]Bureau of Narcotics and Dangerous Drugs, *Fact Sheets* (Washington, D.C.: U. S. Government Printing Office, 1971), p. 31.

[2]*Ibid.*, p. 31.

[3]Karl J. Deissler, "Synanon—Its Concepts and Methods," Presented at "Aspects of Drug Addiction, A Symposium" (NIMH Clinical Research Center, Lexington, Kentucky: October 9-10, 1969), p. 31.

[4]Mitchell S. Rosenthal, M.D. and D. Vincent Biase, Ph.D., "Phoenix Houses: Therapeutic Communities for Drug Addicts," reprinted from *Hospital and Community Psychiatry*, January, 1969, pp. 43-46.

[5]Paul Danaceau, *Methadone Maintenance: The Experience of Four Programs* (Washington, D.C.: The Drug Abuse Council, Inc., 1973), p. Introduction.

[6]Frances Rowe Gearing, "Successes and Failures in Methadone Maintenance Treatment of Heroin Addiction in New York City," *Grassroots* (Washington, D.C.: National Coordinating Council on Drug Education, Inc., July, 1971), pp. 8-31.

[7]"Answers to the Most Frequently Asked Questions About Naltrexone (EN-1639A)," *Connection*, Vol. 1, Numbers 3 and 4 (Oakland, California: Institute for Social Concerns, January, February, 1973), p. 3.

HOW TO DEAL WITH POISON & OVERDOSE EMERGENCIES

Everyone, ESPECIALLY PARENTS, should always keep at hand vomit-inducing SYRUP OF IPECAC, available at drugstores without a prescription.

IN CASE OF POISONING OR OVERDOSE . . .

Call an ambulance immediately.

INDUCE VOMITING . . .

It is important to dilute or remove poisons or drugs as soon as possible. Clear throat and tongue of debris. If there are not apparent internal injuries, raise hips to facilitate drainage.

To induce vomiting, administer syrup of ipecac if available, or insert finger down victim's throat.

When possible, save container and sample of drug or poison ingested (if unavailable, check vomitus for sample) and bring to medical facility treating the victim.

DO NOT INDUCE VOMITING IF . . .

the victim has lost consciousness, or if the swallowed substance is acidic or corrosive, or a petroleum distillate product (lye, carbolic acid, kerosene, etc.).

IF THE VICTIM IS CONVULSING . . .

While waiting for ambulance, cradle victim's head in your arms and try to keep the neck extended back to keep airway open. Do not attempt to restrict arm and leg movements; provide gentle restraint to avoid bodily harm against walls or furniture. If victim has high fever, sponge with rubbing alcohol or luke-warm water.

IF VICTIM IS UNUSUALLY DROWSY OR UNCONSCIOUS . . .

While waiting for ambulance, lay victim flat with pillow or rolled towel under the neck to help keep airway open, and position head to one side to prevent any vomited material from getting into lungs.

ARTIFICIAL RESPIRATION . . .

If breathing stops, give artificial respiration. Make sure victim's head is tilted backward while you blow into mouth at least 12 times a minute for adults and 20 times a minute for young children. Once normal breathing is restored, THEN call physician or emergency health facility.

If anyone else is present while you apply artificial respiration, have that person call for medical help and ask that an oxygen supply be brought.

PSYCHIATRIC EMERGENCIES (DRUG BUMMERS) . . .

Don't panic. Call your local drug crisis center.

The greatest cause of bummers is that the user forgets that a drug is responsible for his altered thinking. Reminding the victim of this fact in a gentle way usually helps.

SET AND SETTING: This is an area of major concern when dealing with a bummer. Psychedelic drugs cause over-sensitivity to many of the senses. If darkness is creating a sense of foreboding, turn on the lights. If lights are too bright, turn them down. If the room is silent, it may help to put on some soft music familiar to the person involved. If the bummer occurs in a crowded area, remove the person to a calmer place.

If you show fear or panic, it will be quite apparent to the tripper and may worsen the situation. Be calm and smile a lot as you wait for professional help.[1]

[1]Do It Now Foundation, Health Education Project, P. O. Box 5115, Phoenix, AZ 85010.

Alcohol and driving

When ingested, alcohol is directly and quickly absorbed into the bloodstream through the lining of the digestive tract, carried by the blood to all parts of the body (including the brain), and finally oxidized or eliminated.

Absorption, distribution and oxidation of alcohol in the body:

Alcohol does not have to be digested slowly, as most other foods must be, before reaching the bloodstream.

The rate at which alcohol enters the bloodstream through the walls of the stomach and small intestine depends upon: (a) rate at which alcohol is ingested; (b) total amount of alcohol involved; (c) other components of the drink—straight liquor is absorbed fastest of all; liquor diluted with water is absorbed more slowly; and (d) characteristics and amounts of other foods and beverages also present in the stomach.

Alcohol is carried by the blood to all body tissues and distributed in proportion to the water content of the body material. (Weight of the person is a significant variable.) However, alcohol cannot be stored in the body for any length of time like some foods; it is circulated throughout the body until it is oxidized. (Oxidation is a series of chemical changes that enables food to release energy.) Most oxidation takes place in the liver, which needs about one hour to burn up one-half ounce of pure alcohol. A small percentage (5 to 10 percent) of the alcohol is eliminated by the kidneys, breath, and sweat glands. How much alcohol reaches the brain at one time is determined by how much the person drinks and how closely spaced those drinks are. When the consumption of alcohol and its absorption in the body is faster than the oxidation rate, alcohol and its effects will "pile up."

The concentration or percent of alcohol in the blood at any given time can be measured accurately by blood, breath, or urine analysis, but a rough guide for a 150-pound person is that each drink increases the concentration of alcohol in the blood by 0.02 percent. The average drink of whiskey (1 ounce), wine (3 1/2 ounces), and beer (12 ounces) all contain about one ounce of alcohol. Liquors (rum, gin, vodka, brandy, and whiskey) contain 40 to 50 percent alcohol; dessert or cocktail wines (ports and sherries)—18 to 21 percent; ordinary table wines—up to 14 percent.

Effects on body functions:

As the alcohol concentration in the bloodstream builds up, body functions are affected. In spite of deceptive outward signs (flushed face, animated behavior, etc.), alcohol operates as an anesthetic by deadening the nerve centers, and therefore is identified as a physiological depressant. A person may feel gay and pepped up; nevertheless, the nervous system is being depressed not stimulated. Alcohol does not "step on the gas" for us (stimulates) it simply "paralyzes the brakes" (restrains).

Alcohol's paralyzing, numbing effect on the brain begins at the highest center (cerebrum) and moves toward the lower center (medulla) of activity, as the concentration of alcohol in the bloodstream increases. The parts of the brain are affected in reverse order of their development: (a) first, the forelobes (cerebrum) of the brain are affected, resulting in decreased ability to reason and make judgments, weakened social inhibitions, and changed attitudes toward others; (b) as the concentration increases, more of the forebrain is affected and, in addition, alcohol reaches the cerebellum which controls sensory-motor functions. The result is emotional instability, retarded response, impaired vision, and uncoordination; (c) at higher levels of concentration the person is unable to stand or walk and then loses consciousness. Death results when all of the brain, the upper spinal column, the respiratory and heart control centers are anesthetized.

The effects of alcohol increase approximately as the square of the blood alcohol concentration. (0.08 percent concentration is not twice as bad as 0.04 percent, but instead four times as bad.)

Variables:

Inherent, acquired, and other variables cause differences in the manner and degree with which people are affected by alcohol. Body weight, body chemistry, and attitude toward drinking experience cause individual differences. Fatigue, emotional state, food intake, and drugs cause the same individual to be affected by alcohol more at one time than another. Some drugs, when combined with alcohol, produce effects that exceed the sums of the separate effects of each. Aspirin, black coffee, cold showers, and exercise have little influence in reversing the principal effects of alcohol.

Influence driving performance:

All of the capabilities required to operate a motor vehicle are particularly susceptible to the effects of alcohol (identifying, predicting, deciding, and executing). The driving ability of most persons becomes impaired before they display outward signs of motor impairments and other noticeable effects. The insidious effect of alcohol on judgment and self-control, even in the early stages, is particularly serious. Since self-criticism is effected early, the drinker often is unlikely to recognize any change in his behavior. Even more serious is the likelihood that the drinker feels more perceptive and skillful; therefore, is likely to take more chances in passing, speeding, or negotiating curves (self-confidence increases as skill decreases—the worst possible combina-

tion). Reduced input of sensory data (effect on vision) plus diminished ability to identify and analyze the data which is absorbed (effect on reasoning center) combine to impair the driver's decision-making ability. Responses are slowed and muscular coordination impaired due to alcohol's effect on the nerves which control the muscles. This could make a critical difference in stopping distance and the ability to maneuver the vehicle. Those who have been drinking, especially heavily, are probably far less likely to follow sensible safety practices, such as signaling intentions, fastening seat belts, and other normal precautions. Some individuals drive time and again after drinking and do not have an accident, reinforcing their belief (misconception) that alcohol does not lead to greater danger on the highway. Even though some individuals after a few drinks excel the driving competence of other persons who have not consumed any alcohol, it behooves everyone to be at his optimum performance level when driving.

Alcohol is likely to affect driving performance of young drivers more than adults. The young person who drinks lacks experience in compensating for the effect of alcohol. The young driver is an inexperienced driver, hence his skills are less automatic and more inclined to deteriorate from alcohol's effect. Risk taking, especially strong in young people, may be accentuated by alcohol. On the average, the body weight of young people is less than adults. Most young people drive and some young people drink, and the same individual will sometimes do both. (What will you do?) Reasons for drinking: An important part of the problem occurs when young people leave the social setting where drinking usually occurs and head for home or another social setting. (To be free of parents and the law, young people sometimes drink in automobiles.)

Various motivations prompt people (including youth) to drink, such as: (a) social pressures—faced with the alternatives of being a good social "citizen" and not drinking; (b) self-enchantment—to demonstrate "maturity," adulthood; (c) curiosity and experimentation; (d) desire to relax and relieve anxieties or to celebrate a special occasion; and (e) family custom.

The responsible course of action in regard to drinking and driving is to acquire accurate information about the effects of alcohol; analyze one's attitudes and feelings concerning the matter; and develop strategies (mental sets) for handling social situations where drinking and driving is or could be involved. The most intelligent alternative is to avoid the combination of drinking and driving, because the "gain" is not commensurate to the risk involved.

Accident data:

The immoderate use of alcohol is a major source of highway crashes, especially of those most violent. Alcohol contributes to about half of all highway deaths (higher in single-car fatalities), and to an appreciable percentage of the far more nonfatal crashes. As the severity of the accident increases, the probability of alcohol's being a contributing factor also increases. Fatal and other crashes of teenagers and young adults frequently involve hazardous amounts of alcohol.

Alcoholics and other problem drinkers, who constitute but a small minority of the general population, account for a very large part of the overall problem. The social drinker-driver is dangerous because of sheer numbers, they are not so easy to spot and defend against, and they fail to recognize their limitations.

The probability of being in an automobile accident increases sharply as the amount of alcohol in the blood increases. There is a difference of opinion between experts as to the extent of crash likelihood in a blood alcohol content below 0.05 percent. Evidence is clear that the likelihood of crash involvement increases at about 0.05 percent level and becomes progressively and disproportionately higher at higher concentrations. The higher a driver's blood alcohol concentration, (a) the disproportionately greater the likelihood he will crash; (b) the greater the likelihood that he himself will have initiated any crash in which he is involved; and (c) the greater the likelihood that the crash will have been severe. The association between blood alcohol levels and pedestrian accidents very closely parallels the findings in the studies of drivers (limited evidence).

Alabama legislation:

The Alabama Motor Vehicle Code defines Alabama's laws on drinking and driving as follows:

a. 32-5-170.
   (1) It shall be unlawful for any person, whether licensed or not, while under the influence of narcotic drugs, or any person who is intoxicated, to drive a motor vehicle upon any highway of this state. Upon conviction, such person shall be punished by imprisonment in the county or municipal jail for not more than one year, or by fine of not less than $100.00 nor more than $1,000.00, or by both such fine and imprisonment. On a second or subsequent conviction, such person shall be punished by imprisonment at hard labor for not more than one year, or by a fine of not less than $100.00 nor more than $1,000.00, or by both such fine and imprisonment. (All fines collected for violations resulting from arrests by county and municipal officers shall be disbursed as is otherwise provided for by law.) (Acts 1936-37, Ex. Sess., No. 198, p. 229; Code 1940, T. 36, Section 2; Acts 1947, No. 379, p. 271.)

b. 32-5-192. Implied consent; when tests administered; suspension of license or permit to drive, etc., for refusal to submit to test.
   (1) Any person who operates a motor vehicle upon the public highways of this state shall be deemed to have given his consent, subject to the provisions of this division, to a chemical test or tests of

his blood, breath or urine for the purpose of determining the alcoholic content of his blood if lawfully arrested for any offense arising out of acts alleged to have been committed while the person was driving a motor vehicle on the public highways of this state while under the influence of intoxicating liquor. The test or tests shall be administered at the direction of a law-enforcement officer having reasonable grounds to believe the person to have been driving a motor vehicle upon the public highways of this state while under the influence of intoxicating liquor. The law-enforcement agency by which such officer is employed shall designate which of the aforesaid tests shall be administered. Such person shall be told that his failure to submit to such a chemical test will result in the suspension of his privilege to operate a motor vehicle for a period of 45 days; provided, that if such person objects to a blood test, the law-enforcement agency shall designate that one of the other aforesaid tests be administered.

(2) Any person who is dead, unconscious or who is otherwise in a condition rendering him incapable of refusal, shall be deemed not to have withdrawn the consent provided by subsection (1) of this section and the test or tests may be administered, subject to the provisions of this division.

(3) If a person under arrest refuses upon the request of a law-enforcement officer to submit to a chemical test designated by the law-enforcement agency as provided in subsection (1) of this section none shall be given, but the director of public safety, upon the receipt of a sworn report of the law-enforcement officer that he had reasonable grounds to believe the arrested person had been driving a motor vehicle upon the public highways of this state while under the influence of intoxicating liquor and that the person had refused to submit to the test upon the request of the law enforcement officer, shall suspend his license or permit to drive, or the privilege of driving a motor vehicle on the highways of this state given to a nonresident, or if the person is a resident without a license or permit to operate a motor vehicle in this state, the director shall deny to the person the issuance of a license or permit, for a period of 45 days, subject to review as hereinafter provided. If such person is acquitted on the charge of driving a motor vehicle upon the highways of this state while under the influence of intoxicating liquor, then in that event the director of public safety may, in his discretion, reduce said period of suspension.

(4) Upon suspending the license or permit to drive or the privilege of driving a motor vehicle on the highways of this state given to a nonresident or any person, or upon determining that the issuance of a license or permit shall be denied to the person, as hereinbefore in this section directed, the director of public safety or his duly authorized agent shall immediately notify the person in writing and upon his request shall afford him an opportunity for a hearing in the same manner and under the same conditions as is provided in section 32-6-16, for notification and hearings in the cases of suspension of licenses; except, that the scope of such a hearing for the purposes of this section shall cover the issues of whether a law-enforcement officer had reasonable grounds to believe the person had been driving a motor vehicle upon the public highways of this state while under the influence of intoxicating liquor, whether the person was placed under arrest, and whether he refused to submit to the test upon request of the officer. Whether the person was informed that his privilege to drive would be suspended or denied if he refused to submit to the test shall not be an issue. The director of public safety shall order that the suspension or determination that there should be a denial of issuance either be rescinded or sustained.

(5) If the suspension or determination that there should be a denial of issuance is sustained by the director of public safety or his authorized agent upon such hearing, the person whose license or permit to drive or nonresident operating privilege has been suspended or to whom a license or permit is denied, under the provisions of this section, shall have the right to file a petition in the appropriate court to review the final order of suspension or denial by the director or his duly authorized agent in the same manner and under the same conditions as is provided in section 32-6-16 in the cases of suspensions and denials.

(6) When it has been finally determined under the procedures of this section that a nonresident's privilege to operate a motor vehicle in this state has been suspended the director shall give information in writing of the action taken to the motor vehicle administrator of the state of the person's residence and of any state in which he has a license. (Acts 1969, No. 699, p. 1255, Section 1.)

c. 32-5-193. Admissibility of results of test in evidence; presumptions; how and by whom tests made; immunity from liability; evidence of refusal to submit to test.

(1) Upon the trial of any civil or criminal action or proceeding arising out of acts alleged to have been committed by any person while driving a vehicle while under the influence of intoxicating

liquor, the amount of alcohol in the person's blood at the time of the chemical test or tests authorized by this division as shown by chemical analysis of the person's blood, urine or breath shall be admissible as evidence and give rise to the following presumptions:

(a) If there was at that time 0.05 percent or less by weight of alcohol in the person's blood, it shall be presumed that the person was not under the influence of intoxicating liquor.

(b) If there was at that time in excess of 0.05 percent but less than 0.10 percent by weight of alcohol in the person's blood such fact shall not give rise to any presumption that the person was or was not under the influence of intoxicating liquor, but such fact may be considered with other competent evidence in determining whether the person was under the influence of intoxicating liquor.

(c) If there was at that time 0.10 percent or more by weight of alcohol in the person's blood, it shall be presumed that the person was under the influence of intoxicating liquor.

(d) Percent by weight of alcohol in the blood shall be based upon milligram of alcohol per one hundred cubic centimeters of blood.

(e) The foregoing provisions of subsection (a) shall not be construed as limiting the introduction of any other competent evidence bearing upon the question whether the person was under the influence of intoxicating liquor.

(2) Chemical analyses of the person's blood, urine or breath to be considered valid under the provisions of this section shall have been performed according to methods approved by the state board of health and by an individual possessing a valid permit issued by the state board of health for this purpose. The state board of health is authorized to approve satisfactory techniques or methods, to ascertain the qualifications and competence of individuals to conduct such analyses, and to issue permits which shall be subject to termination or revocation at the discretion of the state board of health.

(3) Only a physician, registered nurse or duly licensed clinical laboratory technologist or clinical laboratory technician acting at the request of a law-enforcement officer may withdraw blood for the purpose of determining the alcoholic content therein. This limitation shall not apply to the taking of breath or urine specimens.

(4) The person tested may, at his own expense, have a physician, registered nurse, duly licensed clinical laboratory technologist or clinical laboratory technician or any other qualified person of his choosing administer a test, in addition to any administered at the direction of a law-enforcement officer, for the purpose of determining the amount of alcohol in his blood at the time alleged as shown by chemical analysis of his blood, breath or urine. The failure or inability to obtain an additional test by such arrested person shall not preclude the admissibility in evidence of the test taken at the direction of a law-enforcement officer.

(5) If the test given under section 32-5-192 is a chemical test of urine, the person tested shall be given such privacy in the taking of the urine specimen as will insure the accuracy of the specimen and, at the same time, maintain the dignity of the individual involved.

(6) Upon the written request of the person tested full information concerning the test taken at the direction of the law enforcement officer shall be made available to him or to his attorney.

(7) No physician, registered nurse or duly licensed clinical laboratory technologist or clinical laboratory technician shall incur any civil or criminal liability as a result of the proper administering of a blood test when requested in writing by a law-enforcement officer to administer such a test.

(8) If a person under arrest refuses to submit to a chemical test under the provisions of this division, evidence of refusal shall be admissible in any civil or criminal action or proceeding arising out of acts alleged to have been committed while the person was driving or in actual physical control of a motor vehicle upon the public highways of the state while under the influence of intoxicating liquor. (Acts 1969, No. 699, p. 1255, Section 2.)

General types of drugs and driving

Some drugs may be sold over the counter without a prescription from a physician. These drugs are required by law to bear "adequate directions for use." If used with the frequency and in the amounts stated in these directions, there is no danger in driving a motor vehicle. Do not think that because one tablet helps, two tablets will be more helpful. Two tablets could affect the nervous system, reduce your alertness, and impair driving performance. A common drug, such as aspirin, can be fatal if ingested in large numbers (have been used to commit suicide).

Another group of drugs can be dispensed only on a doctor's prescription. The doctor indicates direction for use to you or the druggist. These directions should be followed exactly, not only to accomplish their purpose, but also to prevent dangerous side effects. The brain is the first organ in the body affected by drugs used in excess of directions. Ability to function, to be alert, to see, and prevent dangers is often destroyed.

Different drugs have different effects on body func-

tions—all detrimental to driving performance.

Narcotics (morphine, codeine, and heroin) are the most powerful and dangerous forms of drugs. In extreme cases, they are prescribed by a physician to relieve pain in disease, trauma, and burns. They have a depressant effect on the central nervous system which produces drowsiness, inability to concentrate, impaired vision, and sluggishness; but at the same time they provide a feeling of well-being (euphoria) or apathy. Usually narcotics are habit forming and furthermore, when the supply is cut off, serious and painful withdrawal symptoms may develop. Drug addicts also drive automobiles and the hazards are rather obvious.

Marijuana ("reefers," "pot," "loco weed"), a natural drug rolled in cigarette paper and smoked, produces effects in the user particularly dangerous when operating a motor vehicle. In the early stages, the user may appear animated and hysterical, while in the later stages sleepiness and stupor result. A person who becomes psychologically dependent and takes a heavy dosage may experience hallucinations—and the mood may swing from joy to extreme fear or panic. Marijuana intoxication does not impair motor coordination so rapidly, so a user may operate a car while his concepts of time and space (depth perception) are radically distorted.

"Uppers"

Amphetamines ("beenies," "pep pills," "co-pilots") are useful in treating certain illnesses or for controlling obesity, when used under medical supervision, but when carelessly used can be a threat to highway safety. They have a stimulating effect on the nervous system, increasing alertness and efficiency for a short time. Temporary effect of amphetamines may be followed by headache, dizziness, irritability, decreased ability to concentrate, and marked fatigue. Operators may see things in the road that are not really there—mirages or have hallucinations when under the influence of amphetamines. Operators using uppers need to consider that excessive unsupervised use interferes with the body's normal protective symptoms of drowsiness and fatigue (feeling of exhaustion is short circuited), causing the drivers to use up the reserve of body energy until a total and sudden collapse may occur. Legally, amphetamines can be sold only in drug stores, upon a doctor's prescription; but they are "bootlegged" and sold for enormous profit to truck drivers and young persons to keep awake.

"Downers"

Barbiturates ("sleeping pills," "goofballs," "candy," "barbs," etc.) are useful medicines to calm nervousness and produce sleep in persons with medical problems. However, uncontrolled use can lead to serious consequences. Barbiturates are habit forming and sometimes lead to addiction; therefore, they may not be sold legally without prescription (pushed by underworld peddlers for this reason). The natural tolerance for barbiturates varies from one person to another (greater tolerance does not preclude addiction). Excessive use produces symptoms similar in some respects to alcoholic intoxication (drowsiness, confusion, inability to coordinate muscular actions, difficulty in thinking or talking clearly). Even the occasional user will become drowsy and less alert. This reduces the driver's ability to identify, predict, decide, and act. Barbiturates should never be used except under a doctor's instructions and never while driving.

"Tranquilizers" identify a group of preparations that are muscle relaxants, affecting some reflexes to relieve mental apprehension (attitude and outlook). They are relatively mild compared to barbiturates; but if excessive dosages are used repeatedly, they can result in sedation to the point of dizziness, drowsiness, and blurred vision. Physical dependence can develop if tranquilizers are used excessively. Tranquilizers fall under the Federal prescription drug laws, although some preparations are compounded with other substances to contain a small amount of tranquilizer and sold without a prescription. Even those sold over the counter may have such a depressant effect on the central nervous system that driving performance will be dangerously impaired. These drugs are particularly dangerous when used along with other drugs or alcohol (synergetic effects).

Antihistamines which are used for relief of nasal congestion due to colds, to combat allergies, and for other purposes can also seriously impair one's ability to operate a motor vehicle. These drugs have a depressant effect on the central nervous system and may cause side effects such as inattention, confusion, and drowsiness. The effects vary from person to person and are rather unpredictable (one person feels nothing; one is overcome with the desire to sleep; and one suffers genuine hallucinations). Some preparations containing a quantity of antihistamines compounded with other substances may be sold without prescription (Contac, Dristan, etc. are examples). A number of other drugs now available, and others being developed, need to be used intelligently or in some cases avoided entirely by highway users. These drugs include such medications as: (a) Dramamine, a widely prescribed product for motion sickness, may cause drowsiness, dulled mental alertness, and slow down reaction time. (b) Penicillin and sulfanilamides may cause abnormal and violent reactions (Streptomycin particularly bad). (c) Reducing preparations may cause dizziness and drowsiness. (d) Glue sniffing produces immediate symptoms similar to those associated with alcohol intoxication; while a second stage produces drowsiness, stupor, or, in some cases, unconsciousness. (e) LSD and other hallucinogens primarily affect the central nervous system, producing changes in mood and behavior, and upsetting the user's perception of reality (perceptual changes involve sense of sight, hearing, touch, body-image, and time).

Drugs in medicines:

There is little scientific evidence as to the extent to

which drugs in medicines (with the exception of alcohol) contribute to the prevention or cause of highway accidents, but simple analysis tells us that uncontrolled use can be harmful to the health of the user and make it unsafe to operate a motor vehicle. Under medical supervision drugs are useful in treating certain illnesses, but about one-half of the millions of capsules and tablets manufactured annually are sold illegally (organized crime rings bootleg them).

The effect of drugs does not in itself cause automobile accidents, but may cause a change in the individual's physiological state, which would impair his/her ability to safely operate a motor vehicle. Some people use drugs for their "side effects" or for reasons other than their intended purposes (Drivers use them to keep awake.) The effects of drugs and alcohol in combination equals more than "one-plus-one," and this is true also of other combinations of drugs. (One drug intensifies the effects of the other in a synergistic effect.) Drugs first affect the higher brain and nerve centers which control reason, judgment, self-control, and normal inhibitions and as a result render the person incapable of evaluating his fitness for driving. What you do about drug use and driving is an individual matter, but the responsible person considers the consequences of misuse and avoids any combination of drugs and driving that causes a foolish risk to himself and others.

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INTRODUCTION TO VALUES CLARIFICATION SECTION

With the realization that a person's character develops as do his personal experiences, differences in exposure would obviously result in different value systems, long- and short-term goals, and concept of self. This would indeed make the affective areas of values clarification, decision-making, and developing positive self-concept very complex when social differences are interjected as a variable.

The Drug Education Unit of the State Department of Education emphasizes both accurate drug information as well as concentration on students' needs, problems, pressures, hangups, and communication skills to help develop knowledge and attitudes which will enable them to handle drug problems if and when they are confronted with them.

Being committed to a positive approach of teaching an attitude toward care of the body and pride in oneself that will give students some background to meet the decisions they will have to make as they grow into adulthood necessitates a section of stategies that can be used in the classroom for this development. These exercises in positive self-growth are but a few of the many materials printed from other sources for educational purposes that teachers may experience with their students. The accompanying bibliography to the section can provide the teachers with similar classroom strategies.

BUILDING VALUES BY CHOOSING ALTERNATIVES TO DRUGS

The concept of building values can become complex and puzzling. There are conflicting opinions as to whether values can be developed. The time is ripe for teachers to take a look at what education contributes to value development. Education has always tended to emphasize knowledge provision and information accumulation. After World War II, American education devoted its energies toward technological development and production, which continue to be vital and necessary for the nation's progress.

There has been a tendency to neglect concern for the student as an individual involved in the educative process. Educators should recognize that understanding and appreciation for another person's values enhance the chance for transfer of his knowledge into behavior.

Understanding and appreciating another's values does not mean accepting those values for one's own life nor does it mean condoning misconduct. It does require a teacher to respect the students who have different value systems as well as those with shared values. Basically, the needs, wants, desires and aspirations of people will be similar and, in some cases, the same. Yet, there will be different beliefs, attitudes, and values that create unique perspectives for motivation. A person's behavior is motivated by his/her own value system; therefore, all students are individuals who have value systems that determine the reasons they behave in varying ways.

Students are more comfortable in a classroom where all value systems are respected. They are more comfortable and receptive to exploring their own value systems as well as other value systems. (The bibliography of this section provides resources for indepth study of value clarification and affective education.) Being more receptive, students are able to develop an understanding of themselves and strengthen their self-concepts. Through better self-concepts, students are able to relate to their peers and yet retain their own identity and values. Positive self-concept provides a base for realistic decision-making if aided by a sensitive teacher-student relationship anchored in mutual understanding, integrity, and honesty.

Decision-making is a process that allows a person to make a selection from two or more possible choices. If choices are to be made that will guide his life, the person must be able to make a free choice. Coercion has no place in assisting decision-making. You can help your students best by:

1. Unconditionally accepting the students and their problems.
2. Not giving advice—helping them to clarify questions and comments that concern them.
3. Looking at the issue from the students' value systems.

When something is chosen freely, and the chooser is proud of the choice and happy to be associated with it, there will likely be satisfaction and affirmation of choice. An emphasis on how the chooser values the choice distinguishes decision-making from problem-solving. While techniques of problem-solving are important in the process of decision-making, additional limitations are important to consider:

1. The individual makes the decision unique.
2. Capabilities limit choices.
3. Decisions are limited by what the person is willing to do.
4. Lack of information limits choices.

Therefore, in addition to the students' being able to clarify their values, they need ample information about themselves and their surroundings in order to develop the alternatives in decision-making. By exploring the possible outcomes of alternatives and how they affect one's value system, a person learns to be systematic in decision-making. This enhances opportunities for making realistic decisions.

In drug abuse education specifically, experience indicates that value building and factual knowledge do not

complete the task of drug abuse prevention. Smoking physicians and overweight nutritionists are just two examples that indicate values and facts do not necessarily change health behavior. There must be a realistic alternative for each individual. (The bibliography of this section provides resources for in-depth study of decision-making.)

There are certain premises to be studied before considering realistic alternatives:

1. People use drugs because they want to use drugs. Drugs provide pleasure to them.
2. People continue using drugs because they decide to continue. The intrinsic nature of drugs does not compel the use of drugs.
3. Psychological dependence results if the drug fills a need in solving personal problems.
4. People don't stop using drugs until they find something better.
5. Alternatives to drugs are actually alternative ways of treating distresses and discomforts associated with self-destructive behavior.
6. Alternatives provide primary prevention to continued use or experimentation with drugs.

If alternatives are to be effective, they must be attainable and meaningful. They should help people with self-development and assist in independence. Alternatives should offer active participation and opportunities for commitment in involvement. Persons should feel an identity with a larger body of experience and be able to feel lifted from the day-to-day routine. People should be allowed to discover the maximum use of their potential. Above all, individuals must be the leaders in choosing alternatives for themselves. The teacher should serve only as a resource person to the chooser.

The school program with its curricular and extracurricular activities provide alternatives for the majority. They are assisted by churches, community activities, and public/private agencies or individuals. The world in itself is the body of resources from which alternatives can be chosen. The key is to stimulate people to open up freely to the world and their inner beings. They should be motivated to contemplate how their behavior can be associated with their personal welfare because they direct it to be so. Inherent to this is the realization that in serving as a resource to young people, the main task for teachers will be to fill the gaps between existing alternative opportunities and the youngsters whose wants and desires do not fit readily available alternatives.

Areas of alternatives are provided to allow the teacher to observer the multifaceted alternative approach to drug abuse. Dohner has classified the following areas:

1. *Personal Awareness*

Physical awareness includes developing an increased awareness of the body structure and function as well as improving its performance and maintaining its health and fitness. Activities include individual/group athletic activity, ballet, interpretive dance, hiking, meditation, yoga, and recreational activity.

Psychological awareness involves being aware of how people communicate and express themselves and explore their emotions and intellect as to how they must control their behavior without losing its spontaneity. It also means improving interpersonal awareness so that they recognize all the intricacies of how other people are affected by someone else's actions. Activities include meditation, introspection, psychotherapy, role playing, and counseling situations.

2. *Interpersonal Relationships*

The basic elements for healthy interaction require learning to share one's self by responding to the needs of another. This also means acquiring the ability to respond humanly to joy, sadness, anger, and humor. Activities include encounter groups, psychodrama, personal work to help the aged, poor and handicapped, boy-girl relationships, new friendships, and all other group relationships.

3. *Self-Reliance Development*

Most chronic users of drugs exhibit an aura of self-futility. There is a need for developing responsible citizenship that allows the person to exert more control over his destiny and satisfy a need for self-accomplishment. Activities include learning household repair, automobile repair, minor carpentry, plumbing, electrical repair, family finance and budgeting, cooking, cleaning, sewing, first aid, child care, and parent-child relationships.

4. *Vocational Skill*

Unless people have skills that allow them to procure employment, they are forced into frustrated and aimless idleness. Without an occupation, many see drugs as the only way to push away from their dilemma. Activities include broad-based career education beginning in kindergarten and moving into the needed areas beyond high school, and remedial education or job retraining that restores human dignity to prison inmates, parolees, and drug abusers.

5. *Aesthetic Experiences*

The appreciation of art, music, dance, nature life, and other aspects of beauty is a viable alternative in intensifying one's life experience. Activities include making aesthetic presentations more accessible to the populace, increasing the teaching of appreciation, and developing experiences that are more meaningful to youngsters.

6. *Creative Experiences*

Creativity is a trait inherent to one degree or another in all people. Creations need only be expressions that are meaningful and desirable for the producer. Activities include arts and crafts, gardening, conversation,

cooking, writing, composing, singing, dancing, acting, and inventing.

7. *Intellectual Experience*

Americans should regain the thrill of learning for personal satisfaction. Intellectual endeavors can alleviate boredom, gain understandings and increase awareness. Activities include literature appreciation, creative games and puzzles, concentration training, speed reading, memory training, and youth-teaching-youth programs.

8. *Philosophical-existential Exploration*

A personal search for meaning in terms of the person's existence reveals a reflection of the changing times. In the past, family elders contributed much to the youngster in establishing personal identity and belief structure. In many cases, this has become a school task. Activities include discussions, seminars, clubs, and courses on such topics as philosophy, reality, meaning of life, ethics, morals, and value systems.

9. *Spiritual Experiences*

By adopting a personal philosophy, the youngsters often find a need for religious belief. Many feel religion to be the utmost in alternatives to drugs. Activities include protecting the right of people to exercise religion with qualities that are personal and applicable to everyday life, recognizing a force greater than the individual, and producing positive changes in the individual.

10. *Socio-political Involvement*

Young people today have placed themselves in the mainstream of social issues and politics. This direction should not be thwarted. We may be able to have a better society by making use of their ideas. Activities include helping the aged, poor, and handicapped; voter registration; political campaigns; ecology drives; canvassing; service projects; non-partisan lobbying; highway cleanup; and other opportunities that allow youngsters to be recognized for their commitment to involvement.[1]

Emphasis should be reinforced to underline the fact that the foregoing alternative activities are not to be assigned to an individual as substitutes for drug use. One must keep in mind that the chooser is foremost in making the decision based upon his values. It is absolutely feasible that a youngster with helpful guidance can create an alternative totally unique to the aforementioned activities.

The teacher is reminded that, as a resource person, the task is not the teacher's alone. There is a whole world of volunteers waiting to be included in the happiness surrounding a person's valuable decision to choose an alternative to drugs.

Youngsters must never be disillusioned that pleasure is easier to come by with alternatives other than drugs. They must know that gaining pleasure from their alternatives may be more subtle and a great deal longer coming than pleasure from drug use. They must be supplied with the knowledge that there will be days that create a feeling of despair and they will want to give up. Youngsters must be constantly encouraged that by clarifying their values they have the opportunity to continue choosing alternatives to drugs for the rest of their lives.

The following teaching strategies are available to assist in the teaching of values education. The purpose and procedure for each strategy is explained.

FOOTNOTE:

[1]Dohner, V. Alton, "Alternatives to Drugs," *Addiction*, Fall, 1972, pp. 33-51.

NAME CARD

Purpose:

This is a good strategy for helping people to get acquainted. It is also a good ice-breaker to use at the start of each school year, especially if the students are going to be located in the same classroom for the first time. There are many features that can be worked in with the name card activity. The end result is that students will become more at ease and hopefully, more open with each other.

Procedures:

Provide each participant with a five by eight inch card. Print participant's first name in large print with majic marker, the name that the person wants to be called. Provide a straight pin for each person to pin the name card on their shirt or dress.

To start the activity, have each participant remove his/her name tag, and do the following:

1. Write the name of the person that stands out in your mind who really touched your life, the kind of person you would want to be like, and write or print it in the upper left hand corner of your card. Next, think of two words that make this person so special.
2. Think of someone in public life that you admire, and write that name in small letters above your name.
3. Write two things that you hope to get out of this meeting, class, activity, etc.; today in the upper right hand corner of your card.
4. Write two responsibilities that you think are yours beyond sitting and listening in the lower right hand corner.
5. Write two or three words that you would like for someone to write if he/she were to describe you in the lower left hand corner of the card.
6. Draw a picture of a stick man showing how you feel today below your name.

Have participants pin their name cards on their clothes again. For two or three minutes, let students move about the room and meet three to five new people and peep at one another's cards and get to know each other better.

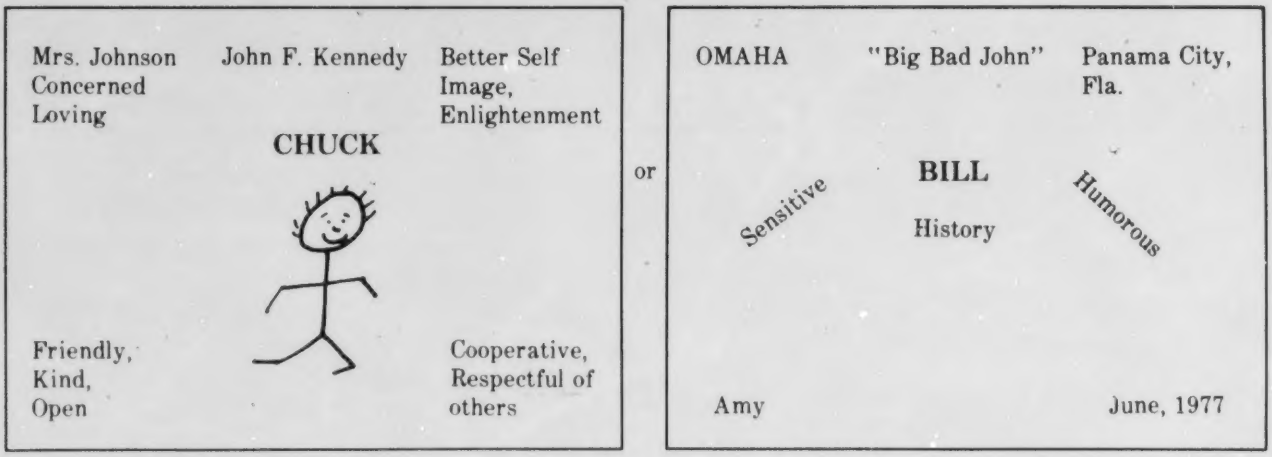
Variation:

Have participants choose partners and share their responses with each other. Let interaction last for six minutes, thereby allowing each person at least three minutes.

Additional features that can be entered on the name card:

1. Write a date that was significant in your life (turning point in your life, education, career, etc.).
2. Give the name of a town or place that brings back fond memories.
3. List your favorite subjects(s).
4. List your favorite type of music.
5. Write the name of the person who has been the most "significant other."
6. Draw a picture of your favorite dish.

Examples of Name Cards



EITHER-OR FORCED CHOICE

Purpose

This exercise compels students to make a decision between two competing alternatives. "What characteristics do I identify with more—this or that?" In making their choices students have to examine their feelings and their self-concepts and values.

Procedure

The teacher asks an either-or question, like: "Which do you identify with more, a Volkswagen or a Cadillac?" By pointing out or by actually posting the choice words on the two sides of the room, he indicates that those who identify more with Volkswagens are to go to one side and those who identify more with Cadillacs are to go to the other. Each student then finds a partner on the side he has chosen and discusses with him the reason for his choice.

Everyone returns to the center of the room. Then the teacher gives another either-or forced choice, and the students again choose between the two alternatives by moving to the appropriate side of the room.

This may be repeated with five or six questions. The students should be instructed to find a new partner each time.

Sample Either-Or Choices

Are you

_____ 1. More of a saver or a spender?
_____ 2. More like New York City or Colorado?
_____ 3. More of a loner or a grouper?
_____ 4. More like a rose or a daisy?
_____ 5. More like breakfast or dinner?
_____ 6. More like summer or winter?

To The Teacher

This is an excellent introductory exercise for a new group.

Additional Examples

Are you

_____ 1. More like a teacher or a student?
_____ 2. More yes or no?
_____ 3. More here or there?
_____ 4. More political or apolitical?

BRAINSTORMING

Purpose:

Brainstorming is a well-known, widely used problem-solving tool. It encourages participants to use their imaginations and be creative. It helps elicit numerous solutions to any given problem; e.g., What shall we name this product? What should I do in this situation? How can we overcome this obstacle? In the area of values, it is very helpful in eliciting alternatives.

Rules For Brainstorming:

1. No evaluation of any kind is allowed in a thinking-up session. If you judge and evaluate ideas as they are thought up, people tend to become more concerned with defending their ideas than with thinking up new and better ones. Evaluation must be ruled out.
2. Everyone is encouraged to think up as wild ideas as possible. It is easier to tame down a wild idea than to pep up a bland idea. In fact, if wild ideas are not forthcoming in a brainstorming session, it is usually evidence that the individual participants are censoring their own ideas. They are thinking twice before they spout out an idea for fear that they may come up with a silly one and sound foolish.
3. Quantity is encouraged. Quantity eventually breeds quality. When a great number of ideas come pouring out in rapid succession, evaluation is generally ruled out. People are free to give their imaginations wide range, and good ideas result.
4. Everyone is encouraged to build upon or modify the ideas of others. Combining or modifying previously suggested ideas often leads to new ideas that are superior to those that sparked them.

To The Teacher

Brainstorming can be used as an activity in and of it-

self, or it can be used in conjunction with some of the other strategies in this book. Here are some brainstorming topics—both serious and silly—that small groups in class might use.

1. How many ways can you think of to make this class a happier, more enjoyable place to be?
2. Your three-ton moving van, loaded with one million pipe cleaners (or balloons or chestnuts or brassieres), skids off the road, and gets stuck in the mud.
3. What interesting, new subjects might we offer at our school next year?
4. Here is an object (give the group a mirror, a ruler, a wastepaper basket, etc.). Without using words, show as many funny ways as you can for using this object.
5. If our school were to change its name, what should the new name be? The suggestions made for Alternative Search (Strategy Number 23) and for Alternative Action Search (Strategy Number 24) can be used as brainstorming activities, if desired.

I Learned Statements

Purpose:

This strategy serves several purposes. It provides the group and the teacher with feedback about the last activity they participated in. It helps clarify and reinforce what the students have learned. It crystallizes new learnings which many students might not have realized were taking place. It sets a very powerful searching tone in the group. Finally, it provides a good summary or wind-up for almost any activity.

Procedure

The teacher prepares a chart with the following (or similar) sentence stems. The chart may be posted permanently in the room, or it may be posted just when it is to be used.

I learned that I	I realized that I .....
I re-learned that I.....	I was surprised that I.....
I noticed that I.....	I was pleased that I .....
I discovered that I.....	I was displeased that I....

Right after a values activity or discussion, the teacher asks the students to think for a minute about what they have just learned or re-learned about themselves or their values. Then they are to use any one of the sentence stems to share with the group one or more of their feelings. Students are not called on, but volunteer to speak whenever they feel comfortable about it.

To The Teacher:

Sometimes it is helpful the first time around to have students write down a few "I Learned Statements" before sharing them aloud. It is also helpful if the teacher provides students with one or two examples of "I Learned Statements." For example, "I realized that I was not clear about my own religious beliefs." "I was surprised that I felt disappointed when someone gave an opinion about Vietnam that was different from mine."

The teacher should not allow discussion to interrupt the free flow of "I Learned Statements;" it tends to destroy the mood and intensity of the activity. Statements should be kept short and to the point. Students should make their statements but not attempt to explain or defend them. Try to help students focus on personal learnings rather than on general, intellectualized learnings. There is a tendency to say, "I learned that people . . . ." rather that "I learned that I . . . ." Reassure the students that there are no right answers. And students should always have the freedom to pass or sit the activity out without saying anything.

If the teacher thinks it advisable, he may break up the class into small groups of from three to five members and have these students share and discuss their "I Learned Statements" with one another. Sometimes students can simply compile a list of "I Learned Statements" in writing which they date and put into their Values Data Bank. It is not always necessary to share these ideas with others.

ALLIGATOR RIVER

Purpose

In this strategy, students reveal some of their values by the way they react to the characters in the story. This strategy also illustrates how difficult it is for any one teacher to say, "I have the right values for other people's children."

Procedure

The teacher tells the story of "Alligator River." Following the story, the students are asked to privately rank the five characters from the most offensive character to the least objectionable.

After students have made their own rankings, groups of four are formed in which they share their thinking and discuss all the pros and cons with one another.

Following the discussion, the teacher might ask voting questions to find out how the class ranked each of the characters. (For example, "How many felt Abigail was the best character? How many felt she was the worst character?")

The teacher can also ask some thought-provoking questions about the character they ranked as most offensive. For example: Is that the kind of person *you* least want to be like? What kind of person would be the opposite of this character?

THE ALLIGATOR RIVER STORY

Once there was a girl named Abigail who was in love with a boy named Gregory. Gregory had an unfortunate mishap and broke his glasses. Abigail, being a true friend, volunteered to take them to be repaired. But the repair shop was across the river, and during a flash flood the bridge was washed away. Poor Gregory could see nothing without his glasses, so Abigail was desperate to get across the river to the repair shop. While she was standing forlornly on the bank of the river, clutching the broken glasses in her hands, a boy named Sinbad glided by in a rowboat.

She asked Sinbad if he would take her across. He agreed to on condition that while she was having the glasses repaired, she would go to a nearby store and steal a transistor radio that he had been wanting. Abigail refused to do this and went to see a friend named Ivan who had a boat.

When Abigail told Ivan her problem, he said he was too busy to help her out and didn't want to be involved. Abigail, feeling that she had no other choice, returned to Sinbad and told him she would agree to his plan.

When Abigail returned the repaired glasses to Gregory, she told him what she had had to do. Gregory was appalled at what she had done and told her he never wanted to see her again.

Abigail, upset, turned to Slug with her tale of woe. Slug was so sorry for Abigail that he promised her he would get even with Gregory. They went to the school playground where Greg was playing ball and Abigail watched happily while Slug beat Gregory up and broke his glasses again.

RANK ORDER

Purpose

Each day of our lives we must make choices between competing alternatives. Some of them are minor decisions: "Shall I stay home tonight and watch TV or go to a friend's house for the evening? Shall I wear my blue or my white sweater?" And some are major decisions: "Should I buy a car or save my money for college? Shall I go to school this summer or work?"

This strategy gives students practice in choosing from among alternatives and in publicly affirming and explaining or defending their choices. It demonstrates simply and clearly that many issues require more thoughtful consideration than we tend to give them.

Procedure

The teacher explains to the class that he is going to ask them some questions which will require them to look deeper into themselves and make a value judgment. He will give them three (or four) alternative choices for responding to each question and ask them to rank order these choices according to their own value-laden preferences.

The teacher then reads a question, writes the choices on the board and calls upon six to eight students in turn to give their rankings. Each student quickly gives his first, second and third rankings. Of course, students may say, "I pass." After the six to eight students have re-

sponded to a question, the teacher may give his own rankings. Then a class discussion may follow, with students explaining their reasons for their choices, even if they weren't among the original six to eight to speak.

Sample Rank Order Questions

The following rank order questions were developed for use with students.

1. Where would you rather be on a Saturday afternoon?
   _____ at the beach
   _____ in the woods
   _____ in a discount store

2. How do you learn best?
   _____ through lectures
   _____ through independent studies
   _____ through seminars

3. Which would you give the lowest priority to today?
   _____ space
   _____ poverty
   _____ defense
   _____ ecology

To The Teacher

Be sure to have students rank all the alternatives, not just their first choice. Try to have them name their choices instead of saying "2-3-1," or the like; and discourage them from saying, "The same" when their response is identical to the previous student's. Re-naming the choices helps everyone consider the alternatives more carefully.

Sometimes students may want to add alternatives to the choices offered by the teacher. After the initial ranking is completed, the teacher may say, "It's possible that many of you have other ideas that don't appear here that you would include if you had made up this rank order. Are there any other alternatives you'd like to add to our list? How would you rank them?"

The rank order strategy can be used in a number of ways. The teacher or students can put one or two rank order questions on the blackboard each day. Students may think about and discuss them whenever they have time.

The teacher may make up several rank-order questions related to the lesson for the day. They may be used as lead-ins to create interest and spark discussion, as midway activities to summarize and give new life to the lesson, or as closing activities to give the students something to mull over after the class.

Or the teacher may give students several rank order questions during the last five minutes of the class when their attention has begun to wander. It is very likely that they will find themselves wanting to stay beyond the bell.

Students may be asked to make up rank-order questions based on their own concerns. They will most likely pose questions that you might never have thought to ask.

Sometimes the teacher will create a rank order question spontaneously when a class discussion on some issue raises several alternatives.

PROCESS WHEEL (WHAT, WHERE, WHY)

Purpose:

The Process Wheel is another way of listing problems and necessities of a meeting that increases interest and focus on thinking and responding to the subject at hand. It is an effective tool for limiting controversy on a particular issue and covering information that discussion groups feel is pertinent. This wheel can be used to generate questions, answers, resources, procedures, feelings, etc.

Procedure:

Each student draws a circle on a piece of paper, placing a center point in the circle which represents the hub on a wheel. Lines are drawn from the center or hub to the circle or rim of the wheel. These represent the spokes of the wheel. On each spoke is written a word or a short phrase or an abbreviation which describes the What, Where, or Why, etc. of a given situation or behavior. If the students feel insecure about their ability to express themselves or spell accurately, encourage them to abbreviate in any manner they wish. For example, the teacher might ask, "What is a drug user like?" A student could write adjectives such as "wild," "sick," "dirty," "unstable," "troubled," "high," "failure," on the spokes of the Wheel. The What Wheel would look like the following:

troubled
failure
high
wild
sick
dirty
unstable

The teacher might ask, "Where can we find information on drugs?" A student might respond with words such as police, doctors, books, research, addicts, etc. The Where Wheel would look like the following:

doctors
police
books
addicts
research

The teacher might ask, "Where can we find information on drugs?" A student might respond with words such as police, doctors, books, research addicts, etc. The Why Wheel would look like the following:

relieve
frustrations
curiosity
rebellion
kicks
belonging

Another way of using the process is to have each student write on each spoke of the wheel adjectives which describe his own strengths and weaknesses as well as those of his classmates. The teacher might say to the class, "Think of something positive about each person in the class (or group) and on the spoke with the person's initials, place a word or phrase to describe that strength. Underneath that same spoke, write something that describes that same person that needs making more positive." That wheel might resemble the following:

warm
shy
peppy
dumpy
pretty
grumpy
exciting
show-off

If the students wish, the process wheels can be posted after they have been shared and discussed. This visible means can be beneficial in developing understanding and human relationships.

FISHBOWL (1 TO 8 PERSONS)

Have group of students seat themselves in a circle ("Fish" in a fishbowl). An empty chair is used as a part of the circle. The remaining students form a larger circle surrounding the smaller group.

The "fish" interact in discussion about a given topic. Each member of the outer group is to remain silent, listen actively, and observe one person in the inner circle who faces him in a position opposite him. Anyone in the outer circle who wishes to speak may do so by sitting in the empty chair. He may occupy the empty chair if he wishes to:

1. Make an observation about how any of the "fish" are functioning the fishbowl or make an observation about the total group.
2. Ask a question, or
3. Provide information or make a statement about the subject being discussed.

The chair *must* be vacated as soon as the person completes one of the three conditions. Some of the observers (outer circle) might rotate into the inner circle and have inner circle become observers.

Alternative procedures:

1. Direct each student in the outer circle to observe a particular student within the fishbowl.
2. Allow each "fish" to select a student(s) in the outer circle to help "coach" him.
3. Permit observer/listener to participate in the fishbowl by "tapping-out" one of the members of the outer circle. The observer/listener leaves his seat, taps a "fish" on the shoulder and takes his place in the fishbowl and remains thereafter unless he himself is "tapped out."

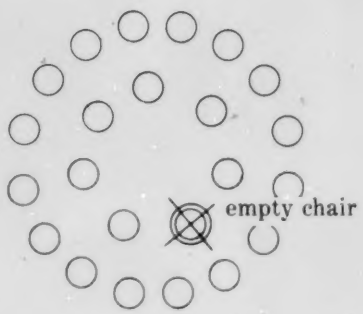
In order for the fishbowl technique to be effective, it is important that:

1. The assigned task be clear, specific, and manageable.
2. No talking takes place between the inner circle "fish" and the outer circle of listener/observers.
3. No talking takes place among listener/observer.
4. "Fish" remain silent and listen when process feedback is given by the listener/observer, though feedback may often induce defensive responses in "fish."
5. When an empty chair is available, the student can occupy the chair only long enough to ask his question, make his observation, or offer his informational comment.
6. The instructor explains that feedback should be intended to be helpful to the fish, in order to improve their work and communication of skills. The "fish" can choose to completely ignore the feedback or deal with it in discussion or action.

Purpose

To observe and listen to a small group discussion as if that small group were isolated in a fishbowl. The fishbowl arrangement:

1. Can be used as a means to:
   a. initiate planning
   b. report out or give feedback
   c. check direction and progress
   d. raise questions
   e. summarize learnings
   f. check out feelings
2. Allow for thoughts, feelings, and ideas held by a few participants to be heard by a maximum number of students.
3. Allows for optimal verbal participation and active listening by observers within a given block of time.
4. Heightens awareness of self and others through increased observation and communication skills.
5. Provides opportunities, through coaching, for students to support one another and develop a sense of responsibility.



FISHBOWL DIAGRAM

2. *The Rule of Acceptance.* Be warm, supportive, and accepting of the focus person. Nods, smiles, and expressions of understanding when sincerely given help communicate acceptance. If you do not agree with the focus person, do not express disagreement or negative feelings during the discussion part of the game. There will be time for this later on.

3. *The Rule of Drawing Out.* Attempt to understand the focus person's position, feelings, and beliefs. Ask questions which will help to clarify the reasons for the focus person's feelings. Make sure that your questions do not shift the focus to yourself, or reveal negative feelings which you may have about the focus person or about what he is saying.

Each student is provided with a copy of the rules and the teacher explains them fully.

To The Teacher

The Values Focus Game can be used with almost any values activity that requires small group discussion. It really teaches listening. The rule of focusing can be dropped, if need be, to facilitate a more free-floating discussion.

Upon completion of the game, especially the first few times, the teacher may suggest that students rate themselves and each other, on a five point scale, to assess how well they were able to follow the three rules. These rates should then be shared and discussed in the small group with the intent of helping students become more proficient at really listening to others and understanding their feelings and ideas.

After the students have rated themselves and each other on how well they listened, time can be taken for students to react to each other's positions. They voice their agreement or disagreement, and discuss their various points of view.

Purpose

The search for values is facilitated when there is a supportive and accepting environment. To encourage this kind of climate in the classroom, both the teacher and the students must learn to respect each other's right to hold different views and to act in accordance with their different convictions. The Values Focus Game is designed to help students be open to, accept and understand even if they do not agree with, different points of view. The objective of this activity is to help students understand more effectively another person's point of view, rather than to attempt to change the person's mind through attack or debate.

Procedure

To introduce the game, the teacher has the students complete in writing several stem sentences. Two that work very well in this context are

"I feel best when I am in a group of people that . . ."

"I feel worst when I am in a group of people that . . ."

After each student has completed his unfinished sentences, the teacher asks the class to arrange themselves into groups of three. Each student in the group is to have the focus—the full attention of the other two group members—for a period of five minutes. During this period the focus person is to talk about his responses. The group's interaction is to be governed by the following rules:

1. *The Rule of Focusing.* Each group member is to be the focus person for a period of five minutes. Do not let the attention of the group shift from the focus person until his time is up or until he asks to stop. Maintain eye contact with the focus person at a comfortable level. Questions may be asked of the focus person if they do not shift the focus to another group member.

PERSONAL VALUE SHIELD

Purpose:

A few important questions which will result from values clarification are What am I really doing with my life? Am I satisfied with what I am doing? Am I in control of the direction of my life, or am I just reacting to others? This school activity is an enjoyable way of helping students think about some of these questions.

Procedure:

The instructors either give the students a facsimile of the personal value shield on the following page or has them draw this personal value shield on a large piece of paper.

The student should answer each of the following questions by drawing, in the appropriate area on his shield, a design, symbol, or picture.

These are the questions relating to your *Coat of Arms.*

1 What do you regard as your greatest personal achievement?

3 What is the one thing that other people can do to make you most happy?

5 What would you do if you had one year to live and were guaranteed success in whatever you attempted?

2 What do you regard as your family's greatest achievement?

4 What do you regard as your own greatest personal failure?

6 What three words would you most like to have said about you if you died today?

THINGS I LIKE

Purpose:

This is a technique to help people self-analyze themselves. It will help a person identify their self-concept and understand their feelings.

The three important questions this technique deals with are

1. What do I stand for?
2. Where am I going?
3. Who am I?

Procedure:

This technique may either be used on an individual or group basis. It is suggested that the information that is obtained is a private matter, not to be shared with anyone unless the participant wishes to share or discuss it.

OVERVIEW OF CONCEPT

Where Are You Going
Self Actualization
What Do You Stand For
Self-Concept
SELF
Identity
Who Are You?

Procedure:

1. List the 10 things you like to do most.
2. Star the 5 you love the most.
3. Put a $ sign next to each one that costs more than $3.00 each time you do it.
4. Put a "P" next to each one that includes other people.
5. Put an "A" next to those things you do alone.
6. Check those things that are important that the one you love also has on his/her list.
7. The date you last did each of these.
8. Pick one of the starred items and list 5 things that are in it for you.

Now ask yourself these questions:

(1) Take a look at your life and see if you are doing the things you value.
   (a) Are you a here-and-now person?
   (b) Do you like to do things with others, or alone?
(2) See if you are living the kind of life you love.
(3) This is the point at which the three important questions should be asked:
   (a) What do I stand for? Self Concept.
   (b) Where am I going? Self Realization—Actualization
   (c) Who am I? Identity

SELF-CONCEPT TECHNIQUES

(Things I Like)

TEN THINGS YOU LIKE TO DO	* Choices	$	P People	A Alone	√ Love	Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

CLARIFYING RESPONSE GAME

The purpose of this exercise is to help a person consider what he has chosen, what he prizes, and/or what he is doing. It stimulates him to clarify his thinking and behavior, and thus to clarify his values.

The person asking the questions also benefits by getting to know the participants better.

Procedure:

Write your feelings about one of these subjects for two minutes.

Money	Family
Friendship	Religion/Morals
Love/Sex	Political/Social Org.
Maturity	Work
Leisure	Character Traits

Divide up into groups of three. One person should read his paragraph, the other two persons then ask clarifying questions. After 5 minutes, switch positions.

Some clarifying questions might be:

1) Can you give me examples?
2) Are you saying that . . . . . (repeat)?
3) Have you felt that way for a long time?
4) Is that very important to you?

Chapter 5 in Rath's book, *Values & Teaching*, gives an explanation of the clarifying response and some examples. See page 261 in Rath for a bit of 30 Clarifying Responses.

Some questions to avoid are

1) Don't you see?
2) Don't you know?
3) Wouldn't you agree?
4) How could you?
5) Isn't it true?

THIRTY VALUE CLARIFYING RESPONSES

1. Is this something that you prize?
2. Are you glad about that?
3. How did you feel when that happened?
4. Did you consider any alternatives?
5. Have you felt this way for a long time?
6. Was that something that you yourself selected or chose?
7. Did you *have* to choose that; was it a free choice?
8. Do you *do* anything about that idea?
9. Can you give me some examples of that idea?
10. What do you mean by . . . . . can you define that word?
11. Where would that idea lead; what would be its consequences?
12. Would you really *do* that or are you just talking?
13. Are you saying that—(repeat)?
14. Did you say that—(repeat in some distorted way)?
15. Have you thought much about that idea (or behavior)?
16. What are some good things about that notion?
17. What do we have to assume for things to work out that way?
18. Is what you express consistent with . . . . . (note something else the person said or did that may point to an inconsistency)?
19. What other possibilities are there?
20. Is that a personal preference or do you think most people should believe that?
21. How can I help you do something about your idea? What seems to be the difficulty?
22. Is there a purpose back of this activity?
23. Is that very important to you?
24. Do you do this often?
25. Would you like to tell others about your idea?
26. Do you have any reasons for (saying or doing) that?
27. Would you do the same thing over again?
28. How do you know it's right?
29. Do you value that?
30. Do you think people will always believe that? Or, "Would Chinese peasants and African hunters also believe that?" Or, "Did people long ago believe that?"

From: *Values and Teaching*, by Raths, Harmin and Simon, Page 260.

The *IALAC* story is based on the idea that every child feels lovable and capable until the people of significance in his life treat him in ways which make him feel less than lovable or capable. As each incident that makes the child in the story feel less than loving or capable occurs, a piece of the sign with the letters, *IALAC* on it is torn off until only a small piece is left. Think of the child who gets up in the morning with a big *IALAC* sign showing right straight across his chest. His first experience is his father's voice saying:

> "Get out of bed lazy bones, or you'll never amount to anything." He goes on to say, "Why can't you make good grades in school like your sister does?" The boy gets out of bed, comes downstairs and says to his mother, "What's for breakfast, Mother?" "Eat what I put in front of you and don't ask questions," is the reply. Still feeling pretty good about himself, he walks out the door and down to the bus stop. As usual a group of students is gathered together waiting for the bus. One of the boys walks up behind him and bangs the books out of his hands. His homework goes flying across the street. He gets to school and the first thing his teacher says is, "This morning we are going to have a spelling test, boys and girls." Our hero feels pretty good about the spelling test because he studied the spelling words very carefully the night before. On the first word the pencil lead breaks. He turns to the girl sitting next to him and says, "May I borrow one of your pencils?" She turns to him and says, "Bring your own pencils to school. I am not sharing mine with anybody." Later on the boys meet for physical education. The boys get outside and are all gathered together on the playing field. Two boys have been selected to choose up sides for a kick-ball game. Our hero again is right in there saying, "Choose me, choose me." And when they get down to the last person, the captain of one team turns to him and says, "Oh, you take him, I don't want him, he can't kick very well, besides he can't catch very well either." Still surviving, our hero goes into the cafeteria carefully carrying his tray of food down the center aisle. Something happens, and his tray falls out of his hands. No one helps. Instead, the students turn toward him and laugh. Later in the day, Johnny gets home. He walks in the door and says, "Hey, Mom, how about some milk and cookies?" But Mom is nowhere around. She is playing bridge with the neighbors. He turns to his last source of refuge, the television set. Finally he gets his favorite program tuned in just in time to have his bigger brother walk in and change the station. Still later that evening while everyone is sitting around the table eating supper, carrying on a parallel conversation, our hero tries to get a word in to talk about his school experiences, to talk about his feelings. But still there is no one to listen. By the time he is ready for bed the only thing remaining of his *IALAC* sign is a tiny piece just about big enough to cover the gravy stain on his clothes. Yet the next morning he wakes up with a new sign and a similar set of things happen.

Some examples of things that tear a person's sign are dads' expectations, comparisons between our hero and his sister, mother's lack of communication, lack of understanding of his needs, his experience at the bus stop on the way to school, teachers who turn children off, students who are inconsiderate of the needs of others in their own desperate struggle to make themselves feel good, and, yes, more homes with latch key children. It is possible to reverse this trend if we can start a program where teachers consider the feelings of boys and girls. We can begin a program to help children feel lovable and capable.

At English Manor Elementary School each teacher started out the school year with an *IALAC* bulletin board. The bulletin board was set up in various ways. A third grade teacher had the bulletin board set up in the form of a jigsaw puzzle. She gave each of the children an *IALAC* sign and then cut the sign apart. The sign was then given to other girls and boys in the classroom. As one third grade child observed, "Gee, it's easy to cut it apart, but it's really hard to get it back together again." The sixth grade teachers role played the *IALAC* story. At first the boys and girls really started out giggling and laughing and having a good time about it. Then one of the boys observed, "Hey, those things are too close to home, they really happen." By the time the teachers had finished the role play the whole classroom, 120 students, were so quiet one could hear a pin drop in the room. The sixth grade students were so enthusiastic about the idea of people being lovable and capable that they arranged several role plays themselves and took their plays to the lower grades. In the second grade, I told the *IALAC* story. For the next two mornings I went into the classroom and asked the boys and girls, "How's your IALAC?" The children responded, "It's fine, Mr. Davis." The third morning as I walked into the classroom, one little boy jumped up before I had a chance to ask, How's your *IALAC* and said, "Mr. Davis, my sign got torn this morning." "Tell me about it," I said. "Well, this morning I was kind of slow getting up. As I came downstairs, my mother really screamed at me." "What happened then?" I said. "I told my mother that she tore my sign," the little

boy said. "And then what happened?" I asked. "My mother looked kind of surprised and then she said, 'I'm sorry.' And then you know what happened? My sign went all back together again." I use these examples to illustrate the idea that we can start new programs in schools that do have carry over into the community. It's not uncommon to hear boys and girls on the playground saying to another child, "Hey, you really tore my sign." The response from parents has been very good also. Parents have gotten the idea that dealing with children's feelings is an important part of everyday living. Many of the parents have adopted the idea with their children and say, "You're tearing my sign, child." Children need to know that parents have feelings also.

IALAC Story by:
Dr. Sidney B. Simon

VALUES SURVEY

Purpose:

The purpose of this activity is to understand that everyone has the same basic values, but in different priorities.

Procedure:

Choose the ten items that you feel are most important. Rank order the ten in that order of their importance to you. Place your age in the space provided.

1. A comfortable life (a prosperous life)
2. A sense of accomplishment (lasting contribution)
3. A world of beauty (beauty of nature and the arts)
4. A world at peace (free of war and conflict)
5. Ambition (hardworking and aspiring)
6. An exciting life (stimulating, active life)
7. Broadmindedness (open-minded)
8. Capable (competent, effective)
9. Cheerful (lighthearted, joyful)
10. Clean (neat, tidy)
11. Courageous (standing up for your beliefs)
12. Equality (brotherhood, equal opportunity for all)
13. Family security (taking care of loved ones)
14. Freedom (independence, free choice)
15. Forgiving (willing to pardon others)
16. Happiness (contentedness)
17. Helpful (working for the welfare of others)
18. Honest (sincere, thoughtful)
19. Imaginative (daring, creative)
20. Independent (self-reliant, self-sufficient)
21. Inner harmony (freedom from inner conflict)
22. Intellectual (intelligent, reflectful)
23. Logical (consistent, rational)
24. Loving (affectionate, tender)
25. Mature love (sexual and spiritual intimacy)
26. National security (freedom from attack)
27. Obedience (dutiful, respectful)
28. Pleasure (an enjoyable, leisurely life)
29. Polite (courteous, well mannered)
30. Responsible (dependable, reliable)
31. Salvation (saved, eternal life)
32. Self-controlled (restrained, self-disciplined)
33. Self respect (self-esteem)
34. Social recognition (respect, admiration)
35. True friendship (close companionship)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Age: _____

CLASSROOM ACTIVITIES
for
STUDENT INVOLVEMENT

Brainstorming
Buzz Sessions with feedback
Case Study
Communications Skills
Confrontation
Debates
Field Trips
Fishbowl with feedback
Guest Speakers
Hot Seat
Panels
Problem Solving
Rap Sessions
Reaction Panels
Role Playing
Sociodramas
Surveys—student design
Values Clarification

SUGGESTED READING

Harris, Thomas A., M.D. *I'm OK—You're OK.* New York: Harper & Row, Publishers, 1967.

Hoover, Kenneth. *A Handbook for High School Teachers.* Boston: Allyn and Bacon, Inc., 1971.

James, Muriel and Dorothy Jongeward. *Born to Win: Transactional Analysis with Gestalt Experiments.* Reading, Massachusetts: Addison-Wesley Publishing Company, 1971.

Reichert, Richard. *Self-Awareness through Group Dynamics.* Dayton, Ohio: Pflaum/Standard, 38 West Fifth St., 1970.

Raths, Louis, Merril Harmin and Sidney B. Simon. *Values and Teaching.* Columbus, Ohio: Charles E. Merril Publishing Company, 1966.

Simon, Sidney, Leland W. Howe and Howard Kirschenbaum. *Values Clarification: A Handbook of Practical Strategies.* New York: Hart Publishing Company, Inc., 1972.

Morse, Charles and Ann Morse. *Whobody There?.* Winona, Minnesota: St. Mary's College Press, 1973.

VALUES
MATERIALS AVAILABLE
FROM THE
ADIRONDACK MOUNTAIN HUMANISTIC
EDUCATION CENTER

1. *Values and Teaching* by Louis Raths, Merril Harmin & Sidney D. Simon. (Columbus, Ohio: Charles E. Merril, 1966) The basic text on the "values clarification approach." $4.25

2. *Values Clarification: A Handbook of Practical Strategies for Teachers and Students* by Sidney Simon, Leland Howe & Howard Kirschenbaum. (NY: Hart Publ., 1972) 79 methods for values clarification are described with instructions for the teacher and numerous examples of the basic strategies. $4.25 (Cloth, $7.50)

3. *Clarifying Values Through Subject Matter* by Merril Harmin, Howard Kirschenbaum & Sidney Simon. (Minneapolis: Winston Press) A three level theory of subject matter with examples of how every subject in the curriculum can be taught with a focus on values. $2.50 (Published 1973)

4. *WAD-JA-GET? The Grading Game in American Education* by H. Kirschenbaum, Sidney Simon & Rodney Napier (NY: Hart Publishing 1971) Pros. Cons, history, research, alternatives-built into an easy to read novel. $2.25 (Cloth, $7.50)

5. *Freedom to Learn* by Carl R. Rogers (Columbus, Ohio: Charles Merril; 1969) A basic text in humanistic education. $4.25

6. *Understanding the Problem Child* by Louis Raths & Anna Burreil (West Orange, NJ.: Economics Press, 1963) Title should be "Understanding People"; has 200 suggestions to help teachers meet the emotional needs of students. (This pamphlet is the foundation of "IALAC.") $1.50

7. *Humanisticography* by John Canfield & Mark Phillips. An annotated resource guide to over 130 books, films, tapes, simulations, classroom exercises book, curricula, journals & organizations in the field of humanistic education. 50¢

8. "How Can We Teach Values" a three article pamphlet containing "Three Ways to Teach Church School" and "Your Values are Showing" by Sidney Simon, and "How Can We Teach Values?" by John Westerhoff. 50¢

9. "Values Clarification at the Family Table" by Kirschenbaum and "Dinner Table Learning" by Simon. Two related articles in one pamphlet. 50¢

10. "Teaching Environmental Education with a Focus on Values" by Clifford Knapp. Many good exercises and activities. 40¢

11. "What is Humanistic Education?" by Kirschenbaum. 10¢

12. "An Annotated Bibliography on Values Clarification" by Kirschenbaum and Glaser. 60¢

Numbers 13-26 are article reprints and cost 30¢ each.

13. "Teaching English with a Focus on Values" by Kirschenbaum & Simon.

14. "The Free Choice English Curriculum" by Kirschenbaum.

15. "Teaching History with a Focus on Values" by Harmin, Simon & Kirschenbaum.

16. "Teaching Afro-American History with a Focus on Values" by Simon & Carnes.

17. "Teaching the Black Experience" by Kirschenbaum.

18. "Teaching Science with a Focus on Values" by Harmin, Kirschenbaum & Simon.

19. "The Search for Values with a Focus on Math" by Harmin, Kirschenbaum & Simon.

20. "Teaching Home Economics with a Focus on Values" by Kirschenbaum.

21. "The Listening Game" by Kirschenbaum (communications exercises)

22. "Sensitivity Modules" by Kirschenbaum & Simon (activities)

23. "Values-Clarification vs. Indoctrination" by Simon (theory)

24. "Values" by Harmin and Simon (theory and bibliography)

25. "Doing Something About Values" by Gary

26. "Sexuality in Schools" by Marianne Simon & Sidney B. Simon

Number 27 is on cassette tapes.

27. "Values is Teaching" by Dr. Sidney B. Simon, two cassettes $10.00

The following is available upon request.

28. An annotated list of materials on grading and evaluation alternatives.

Non-tax-exempt New York State residents please add 7% sales tax. No purchase orders please. Send your order with payment to:

Adirondack Mountain Humanistic Education Center
Upper Jay, New York 12987

DRUG EDUCATION RESOURCE CENTERS

One of the priorities for the implementation of the Drug Abuse Education Act of 1971 is "establishing resource centers in various regions of the state for the purpose of assisting the department of education in coordinating drug abuse education activities." In compliance with this Act the State Department of Education has established two centers.

The main center for drug education is located in Montgomery. A second center has been established on the campus of the University of Alabama in Birmingham. This center is located at 1000 South 12th Street. The third and most recent center is located on the campus of the University of South Alabama in Mobile. This center is located in the Health, Physical Education, Leisure Services Building.

These resource centers handle on a limited basis printed materials for distribution to teachers. The Birmingham resource center houses the film library. The films may be borrowed free of charge, but teachers should schedule these films as far in advance of show date as possible. It is also advisable that alternate film selections and dates accompany all requests. A copy of the audiovisual aids catalogue is located in the appendix of this guide.

It is highly desirable that teachers observe the film catalogue coding system which may be used to identify the appropriate grade levels for each film. For example, a film coded sh - c - ad means that it is recommended for senior high, college students, and adults. The film should not be used in elementary schools. It is also a good practice for the teacher to preview each film before showing it to the class. The teacher should allow the students to react to each film and refrain from simply showing a film and eliminating a discussion period.

While most of the printed material is designed for the teacher, some may be appropriate for use by the students. The State Department of Education will supply a set of materials to each teacher, but cannot always furnish copies to each student.

Educators and other interested persons are welcome to visit these centers. They are open Monday through Friday from 8:00 a.m. to 5:00 p.m. and someone will be available to help in an orientation of the centers as well as to assist in checking out materials.

RESOURCE ADDRESSES

A. PRINTED MATERIAL

1. Books

Alabama Department of Public Health
Bureau of Dental Health
State Office Building
Montgomery, Al 36130

2. Pamphlets

Alabama Association for Mental Health
901 South 18th Street
Birmingham, Al 35205

Alabama Council on Alcohol Problems
807 South 20th Street
Birmingham, Al 35205

Alabama Dental Association
836 Washington Avenue
Montgomery, Al 36104

Alabama Department of Mental Health
Information Service
502 Washington Avenue
Montgomery, Al 36104

Alabama Department of Public Health
Reference Library
State Office Building
Montgomery, Al 36130

Alabama Department of Public Health
Bureau of Dental Health
247 State Office Building
Montgomery, Al 36130

Alabama Heart Association
706 1/2 - 29th Avenue South
Birmingham, Al 35233

Alabama State Department of Education
State Office Building
Montgomery, Al 36130

Alabama State Department of Education
Drug Education Resource Center
University Station
Birmingham, Al 35294

Alabama Tuberculosis Association
900 South 18th Street
Birmingham, Al 35205

American Cancer Society
Alabama Division
2160 Green Springs Highway
Birmingham, Al 35205

Commission on Alcoholism
Washington Avenue
Montgomery, Al 36104

B. AUDIOVISUALS

1. *Films*

Alabama Association for Mental Health
901 South 18th Street
Birmingham, Al 35205

Alabama Department of Mental Health
502 Washington Avenue
Montgomery, Al 36104

Alabama Department of Public Health
Film Librarian
Bureau of Primary Prevention
Room 204, State Office Building
Montgomery, Al 36130

Alabama Heart Association
706 1/2 - 29th Avenue South
Birmingham, Al 35233

Alabama State Department of Education
Drug Education Resource Center
University Station
Birmingham, Al 35294

Alabama Tuberculosis Association
900 South 18th Street
Birmingham, Al 35210

American Cancer Society
Alabama Division
2160 Green Springs Highway
Birmingham, Al 35205

Parents and Teachers Association, Alabama
492 South Court Street
Montgomery, Al 36104

2. *Filmstrips*

Alabama Department of Public Health
Film Librarian
Bureau of Primary Prevention
Room 204, State Office Building
Montgomery, Al 36130

Alabama State Department of Education
Drug Education Resource Center
University Station
Birmingham, Al 35294

American Cancer Society
Alabama Division
2160 Green Springs Highway
Birmingham, Al 35205

Educational Products
Division of EDSCO Industries, Inc.
1230 First Avenue, North
Birmingham, Al 35203

3. *Posters*

Alabama Department of Public Health
State Office Building
Montgomery, Al 36130

Alabama Heart Association
706 1/2 - 29th Avenue, South
Birmingham, Al 35233

Alabama Tuberculosis Association
900 South 18th Street
Birmingham, Al 35205

American Cancer Society
Alabama Division
2160 Green Springs Highway
Birmingham, Al 35205

4. *Transparencies*

Educational Products
Division of EDSCO Industries, Inc.
1230 First Avenue North
Birmingham, Al 35203

APPENDIX

Abuse—repeated misuse of drugs.

Addiction—the compulsive and repetitious use of a drug over which a person has lost the power of self-control to the extent that he becomes harmful to himself and to the society in which he lives. For addiction to occur, three factors must be considered:

1. *Psychological dependence.* (Habituation) Psychological dependence is the condition whereby a person desires a drug, but does not suffer from physical ills by its withdrawal. The degree of dependency can range from very mild to a condition in which a person has an intense craving for the drug and obtaining it occupies his thoughts almost completely.

2. *Physiological dependence.* This occurs when the physiological state of an individual is altered due to the repeated administration of a drug and abstinence of its use causes withdrawal symptoms characteristic for that specific drug. Withdrawal symptoms are a group of characteristic actions and behaviors that ensue upon the discontinuation of a drug and the severity of withdrawal depends on the dosage of the drug taken, the length of time the drug has been used, and the type of drug used. An interesting aspect of withdrawal is that the symptoms accompanying withdrawal are opposite the symptoms for which the drug was initially taken. Examples: One of the symptoms of heroin addiction is constipation. With the withdrawal of the drug, diarrhea occurs; use of methamphetamine causes extreme elation, withdrawal brings on severe depression.

3. *Tolerance.* Tolerance to a drug develops when, after repeated use of a drug, a higher and higher dosage must be administered to achieve the original effect. Cross tolerance occurs when tolerance has been established to one drug and transfers to another within the same classification. For example, if the person is tolerant to morphine, he also will be tolerant to heroin, methadone, etc., but not tolerant to barbiturates,, which are in a different classification.

Alcoholic—one who cannot control his use of alcoholic beverages.

Allergen—a substance inducing an allergic state.

Amphetamines—drugs used as stimulants for or to speed up the central nervous system (CNS).

Analgesic—a chemical used for the relief of pain.

Anesthetic—lacking perceptive sensitiveness, something that brings relief.

Anorexia—loss of appetite.

Anorexient—a substance which inhibits appetite for food.

Antabuse—drug used to treat alcoholics.

Antagonistic drug—a drug that opposes the action of another.

Anti-depressant—a chemical which counteracts depressed feelings.

Antigen—usually a protein or carbohydrate substance that when introduced into the body stimulates the production of an antibody.

Antihistamine—drugs commonly used to treat allergies and colds.

Aphrodisiac—exciting sexual desires.

Asphyxia—lack of oxygen or excess of carbon dioxide in the body, leading to suffocation.

Atrophy—a decrease in the size of some organ or structure of body.

Atropine—a substance used to relieve spasms and to dilate the pupil of the eye.

Barbiturates—large group of depressants usually prescribed as sleeping aids.

Blackout—temporary loss of memory from alcohol.

Bummer—a bad experience.

Carcinogen—a substance or agent producing or inciting cancer.

Caustic—capable of destroying or eating away by chemical action.

Cerebellum—the region of the brain that coordinates muscular activities.

Cerebral cortex—the part of the brain responsible for the analysis of incoming information and the inflation of voluntary motor behavior.

Cerebrum—the largest of the three principal parts of the brain.

Chemotherapy—the use of chemical agents in the treatment or control of disease.

Chromosomes—part of cell which determines inherited characteristics.

Cirrhosis—disease, especially in the liver, marked by excess formation of connective tissue. Associated with alcoholism.

Clandestine—conducted with secrecy.

Cranial nerve—a nerve that arises from the brain and passes to some region of the body. There are twelve cranial nerves.

Delirium tremens—extreme mental excitement resulting from excessive drinking of alcohol characterized by sweating, trembling, anxiety and hallucinations.

Delusions—false beliefs.

Depressant—a substance used to slow down CNS.

Detoxification—removal of a drug from the body.

Diffusion—the spreading out of molecules in a given space from a region of greater concentration to one of lesser concentration.

Diuretic—a substance which tends to increase the flow of urine.

Downers—depressants in general.

Drug abuse—the use of a drug for purposes other than those recommended by a qualified health person.

Drug dependence—as defined by the World Health Organization—a state of psychic or physical dependence, or both, on a drug arising in a person following administration of that drug on a periodic or continuing basis. The characteristics of such a state will vary with the agent involved, and these characteristics must always be made clear by designating the particular type of drug dependence in each specific case; for example, drug dependence of morphine type, of amphetamine type, etc.

DT's—delirium tremors caused by withdrawal of alcohol.

Edema—a swelling caused by a collection of fluid in tissue.

Emphysema—swelling of lung tissue making breathing difficult.

Endemic—restricted to or native to a particular area or region.

Enzyme—an organic catalyst.

Enzyme induction—process by which the body reacts to a drug by producing an enzyme to counteract the drug.

Ergot—a fungus usually found on rye grain, from which LSD is made.

Ethanol—ethyl alcohol.

Euphoria—an often unaccountable feeling of well-being or elation.

Flashback—a spontaneous recurrence of an LSD-type experience when no longer on the drug.

Genetics—study of inherited characteristics.

Glaucoma—a disease of the eye marked by increased pressure within the eyeball, damage to the optic disk and gradual loss of vision.

Hallucination—a perception of objects with no reality usually arising from disorder of the nervous system or in response to drugs (as LSD).

Halogenate—to treat or cause to combine with a halogen.

Hormone—a product of living cells that circulates in body fluids or sap and produces a specific effect on the activity of cells remote from its point of origin.

Host—a living animal or plant affording subsistence or lodgement to a parasite.

Hydrocarbons—an organic compound containing only carbon and hydrogen and often occurring in petroleum, natural gas, coal, and bitumens.

Hyperactivity—excessive activity.

Hypoglycemia—abnormal decrease of sugar in the blood.

Immunization—having or producing antibodies to a given antigen.

Inhalant—substances found in airplane glue, lighter fluid, gasoline, shoe polish, etc., that when sniffed produce a high, giddy state. They can cause serious brain damage and death.

Inhibit—restraint of the function of a bodily organ or an agent (as an enzyme).

Insomnia—prolonged and abnormal inability to obtain adequate sleep.

Insulin—a hormone produced by the liver which prevents too rapid hydrolysis of glycogen and promotes the storage of glycogen in the liver and its utilization in the muscles.

Mainline—inject directly into vein.

Medulla oblongata—the enlargement at the upper end of the spinal cord, at the base of the brain.

Mescaline—active chemical of peyote cactus.

Methadone—synthetic narcotic used to treat heroin addict.

Metabolism—the sum of the processes in the building up and destruction of protoplasm incidental to life.

Misuse—the taking of a substance for a purpose other than that for which it was intended to produce or can produce.

Narcolepsy—a disorder whereby a person is unable to remain awake for more than short periods of time.

Nicotine—a poisonous alkaloid that is the chief active principle of tobacco and is used as an insecticide.

OD—overdose.

Paranoia—a rare chronic psychosis characterized by systematized delusions of persecution or of grandeur, usually not associated with hallucinations.

Paraphernalia—any collection of articles, such as needles or pipes, involved in drug use.

Pathogen—disease-causing organism.

Peyote—cactus plant from which mescaline is obtained.

Placebo effect—a high that is achieved without drugs.

Physiological dependence—see Addiction.

Psychedelic drug—a hallucinogen which has mind-altering properties.

Psychological dependence—see Addiction.

Psychosis—fundamental lasting mental derangement characterized by defective or lost contact with reality.

Psychosomatic—having evidences of bodily symptoms or bodily and mental symptom as a result of mental conflict.

Psychotherapy—treatment of mental or emotional disorder or of related bodily ills by psychological means.

Psychotomimetic—a term applied to drugs producing a temporary psychotic—like response.

Pyloric valve—valve in the stomach leading to the intestines.

Rem—(rapid eye movement) part of deep sleep or dreaming interrupted by barbiturates.

Self-concept—the opinion one has of himself.

Solvent—that which dissolves or can dissolve.

Synergism—cooperative action of discrete agencies such that the total effect is greater than the sum of the two effects taken independently.

Synesthesia—crossing of the senses.

Tar—an ingredient found in tobacco that is thought to produce cancer.

Tolerance—an adaptive state characterized by diminished response to a drug, necessitating larger doses to produce an equivalent pharmacological effect.

Volatile—readily vaporizable at a relatively low temperature.

Withdrawal—when a drug is no longer taken into the body and a chemical imbalance occurs.

ADJECTIVE CHECKLIST EXERCISE

The following exercise is aimed at providing an opportunity for the participants to disclose their views of themselves to the other members of their group and to receive feedback on how the other group members perceive them. The activities are as follows:

1. Each member should go through the list of adjectives and circle the six adjectives he thinks are most descriptive of himself.

2. Each member of the group then shares with the group the adjectives he circled. Members of the group then share with the person what adjectives they would have checked if they were to describe him. Do not spend more than five to ten minutes on each person in the group.

able
accepting
adaptable
aggressive
ambitious
annoying
anxious
authoritative
belligerent
bitter
bold
brave
calm
carefree
careless
caring
certain
cheerful
clever
cold
complex
confident
conforming
controlled
courageous
cranky
critical
cynical
demanding
dependable
dependent
derogatory
determined
dignified
disciplined
docile
dogged
domineering
dreamy
dutiful
effervescent
efficient
elusive
energetic
extroverted
fair
fearful
foolish
frank
free
friendly
genial
gentle
giving
greedy
gruff
guilty
gullible
happy
hard
helpful
helpless
honorable
hostile
idealistic
imaginative
immature
impressionable
inconsiderate
independent
ingenious
innovative
insensitive
insincere
intelligent
introverted
intuitive
irresponsible
irritable
jealous
jovial
juvenile
kind
knowledgeable
lazy
learned
lewd
liberal
lively
logical
loving
malicious
manipulative
materialistic
maternal
mature
merry
modest
mystical
naive
narcissistic
negative
nervous
neurotic
noisy
normal
oblivious
objective
observant
obsessive
organized
original
overburdened
overconfident
overconforming
overemotional
overprotecting
passive
paternal
patient
perceptive
perfectionist
persuasive
petty
playful
pleasant
pompous
powerful
pragmatic
precise
pretending
pretentious
principled
progressive
protective
proud
quarrelsome
questioning
quiet
radical
rational
rationalizing
reactionary
realistic
reasonable
reassuring
rebellious
reflective
regretful
rejecting
relaxed
reliable
religious
remote
resentful
reserved
resolute
respectful
responsible
responsive
retentive
rigid
sarcastic
satisfied
scientific
searching
self-accepting
self-actualizing

self-assertive
self-aware
self-conscious
self-effacing
self-indulgent
selfish
self-righteous
sensible
sensitive
sentimental
serious
shy
silly
simple
sinful
skillful
sly
sociable
spontaneous
stable
strained
strong
stubborn
sympathetic
taciturn
temperamental
tenacious
tender
tactful
tense
thoughtful
tough
trusting
trustworthy
unassuming
unaware
uncertain
unconcerned
uncontrolled
understanding
unpredictable
unreasonable
unstructured
useful
vain
vapid
visionary
vulnerable
warm
willful
wise
wishful
withdrawn
witty
worried
youthful
zestful

SHORT-FORM VOCABULARY TEST

The following is a timed test. Attempt to provide a synonym or synonymous phrase for all items. The time limit is _____ minutes.

1. tidy-
2. mend, repair-
3. opposite of warm-
4. trash, cast-offs-
5. insane, mad-
6. not tender to chew-
7. food baked from wheat-
8. form with four equal sides-
9. a stone-
10. cushion, pillow-
11. a poultry fowl-
12. adult feline-
13. a sack-
14. ground cover-
15. to quarter in a tent-
16. a journey-
17. unfortunate tidings-
18. clay utensil used to grow flowers-
19. replace telephone on hook-
20. lint-

INTRAPERSONAL COMMUNICATION
Exercises

I. BACKGROUND INFORMATION

Examine your family background to determine ethnic, regional, racial, religious, or economic influences that affected your upbringing and hence the way you encode and decode. You may want to include such areas as:

food	family rituals
songs	vocabulary
furnishings	prejudices
entertainment	parental attitudes
customs	worship

II. SELF CONCEPT AND ANALYSIS

1. Make a list of adjectives that you think best describes you. Limit your list to wholly physical descriptions.

2. Answer the following questions for yourself. Your answers need not be disclosed unless you want to talk about them.

   a. What was the worst experience that you ever had?
   b. What was the best experience that you ever had?
   c. What were the "turning points" in your life?
   d. Who have been the most influential persons in your life? Why?
   e. What are your greatest strengths and weaknesses?

3. Create a collage to depict yourself as you see yourself.

4. Create a collage of different types of life-styles, personalities, occupations, moods, recreations, etc.; then locate yourself in each of these creations.

5. Select a person from the national scene, a movie, drama, TV show, etc., that you "identify" with. Describe this person as you see him and tell why you identify with this person.

6. Prepare a list of values and then select the five that are most important to you.

III. INTERNAL DIALOGUE

A. Write a dialogue between two parts of yourself: (1) between an experimental, try-something-new self and a conservative, familiar self; (2) between the organized, work-centered-self and the carefree, fun-loving self; and (3) between the private-life-self and the familiar professional self.

B. Diagram within a circle the space that you imagine is taken up by different parts of yourself.

COMMANDMENTS:

The Ten Commandments are listed in the Bible. The Boy Scout and Girl Scout handbooks list commandments. In everyday life, commandments are more frequently left unstated although their force is clearly felt.

1. List the ten commandments of your family.
   1. _____ 6. _____
   2. _____ 7. _____
   3. _____ 8. _____
   4. _____ 9. _____
   5. _____ 10. _____
2. List the ten commandments of your school.
3. List the ten commandments of your peers.
4. List the ten commandments of your teachers or list the commandments by which they live.
5. List ten commandments you would like to live by.
6. Star one or two commandments you would particularly like to work on. Consider writing a Self-Contract.

SELF-CONTRACTING:

A self contract is often a very helpful device when an individual wants to work on solving a problem or affecting a change in his life. After the problem has been identified, and possible courses of action proposed through a search of alternatives or through group discussion, the individual chooses a feasible course of action and contracts with himself to follow that course. The group devises an objective method of evaluating how successfully the action has been carried out. The person reports back to the group at the end of the week and his progress towards the objective is assessed.

For Instance, A person states that his objective is to reduce friction with a friend.

SUGGESTED NOVELS

In the November, 1972 issue of *Grassroots* the following drug-related novels were listed as additional reading. This list has been revised and updated. IT IS SUGGESTED STRONGLY THAT EACH TEACHER SHOULD REVIEW EACH BOOK BEFORE MAKING AN ASSIGNMENT.

1. *A Hero Ain't Nothing But A Sandwich*—Alice Childress
2. *Beautiful Losers*—Leonard Cohen
3. *Been Down So Long It Looks LIKE UP*—Richard Farina
4. *Brave New World*—Aldous Huxley
5. *Brave New World Revisited*—Aldous Huxley
6. *Buried Alive: The Biography of Janis Joplin*—Myra Friedman
7. *Cain's Book*—Alexander Trocchi
8. *Chandu*—Owen Rutter
9. *Desolation Angels*—Jack Kerouac
10. *Go Ask Alice*—author anonymous
11. *Grompie*—Jenny Fabian and Johnny Byrne
12. *Howard Street*—Nathan C. Heard
13. *In a Glance Away*—John Edgar Wideman
14. *I'm Really Dragged but Nothing Gets Me Down*—Nat Hentoff
15. *I Really Want to Feel Good About Myself*—Lee Hopkins and Sunna Rasch, ed.
16. *Island*—Aldous Huxley
17. *Junkie*—William Burroughs
18. *Last Exit to Brooklyn*—Hubert Shelby
19. *Man With the Golden Arm*—Nelson Algren
20. *Monkey on My Back*—Wenzell Brown
21. *On the Road*—Jack Kerouac
22. *Portrait of a Teen-Age Alcoholic*—Robin S. and Sarah T. Wagner
23. *Richie*—Thomas Thompson
24. *Run, Shelly, Run*—Gertrude Samuels
25. *Sign of the Four*—Sir Arthur Conan Doyle
26. *Teachings of Don Juan*—Carlos Casteneda
27. *Teenagers Inside Out*—Eleanor Braken and Lou Jacobs, Jr.
28. *The Answer*—Jeremy Larmer
29. *The Bag*—Sol Yurick
30. *The Dharma Bums*—Jack Derouac
31. *The Great Gatsby*—F. Scott Fitzgerald
32. *The Peter Pan Bag*—Lee Kingman
33. *The Rag Dolls*—Simon Cooper
34. *The Turning Point*—Vincent Guerra
35. *Will the Real Monday Please Stand Up*—Pamela Reynolds

ROLE PLAYING TECHNIQUE

ROLE PLAYING: *Situation:* Father has just found a supply of marijuana. He confronts the family to find out who it belongs to.

FATHER

You are 50. You hold all of the values of the establishment. Talk these sons out of smoking pot. You found a supply but do not know to whom they belong. Remember: sparing the rod, spoils the child.

MOTHER

You are 50. You trust your sons. They must be given the freedom to make their own decisions.

BROTHER

You are 19. You have been away at college and most of your friends turn on. Do not trust anyone over 30. They made the mess we are in now.

BROTHER

You are 18. You have smoked pot two or three times and cannot see any harm in it. Your father just discovered your supply. He is an old fogey.

SISTER

You are 15. You are not sure if you want to "turn on." You know your brothers smoke reefers and you admire them.

DRUG USE IN VIETNAM REMINISCENT OF CIVIL WAR

By MARY HAGER

SAN FRANCISCO, Cal.—What did the Civil War and the Vietnam War have in common?

One thing, according to a New York psychiatrist, was the high level of drug use among the men involved.

Anthony Romeo, of the State University of New York at Stony Brook noted that Civil War veterans used morphine and heroin to ease pain from war wounds.

"Many Vietnam Veterans I have interviewed during the past several years also used heroin to reduce pain," he told members of the American Orthopsychiatric Association meeting here recently.

"However," he said, "theirs was almost universally from emotional wounds rather than solely physical."

Romeo pointed out that the Civil War, like Vietnam, divided the country and suggested that Civil War soldiers may have also had "many of the same concerns, confusions and ambiguities concerning the war," and that many used opiates for psychological as well as physical pain.

He cited studies which show that the use of drugs in Vietnam, long ignored by the military, was strongly determined by environment since most of the men who used narcotics heavily in Vietnam stopped when they left.

Romeo noted that the Vietnam war had a tremendous psychological effect on all involved that required a certain amount of "numbing."

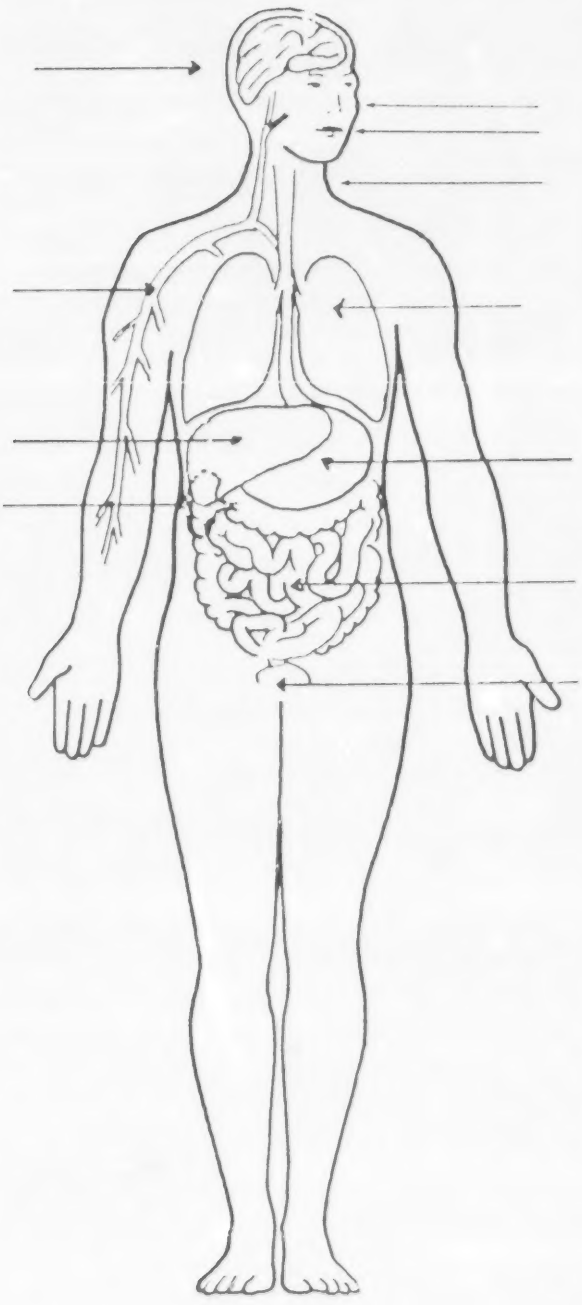
Veterans he has interviewed "all required different kinds of numbing, some used narcotics because that's what they knew, others learned to use narcotics and some used psychological numbing. Still others were certain of their cause, their mission and their country, and this certainly gave them the moral conviction necessary to justify their actions," he said.

He suggested that the Vietnam experience has added a new dimension to the understanding of narcotic abuse.

"Perhaps the Vietnam situation can be the beginning of focusing on both factors (the individual and society) and realizing that the genesis of much drug and narcotic abuse is in the social structure itself," he said.

If drug treatment programs are to be successful, they should deal with the social and moral conditions that influence the individual, he continued, noting that "drug and narcotic abuse problems are attempts at symptomatic relief from the underlying social and moral conflicts of the society."

Hager, Mary, *The Journal*, published by the Addiction Research Foundation, Toronto, Ontario, March 1974.



Label the body parts affected by tobacco (smoking).
Emphasize—lungs, mouth, throat, heart, stomach, nose.

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Prescription Form

PHONED A.M. P.M.	PROMISED	DELIVER	WILL CALL	WELFARE	MEDICARE

FOR _____ AGE _____

ADDRESS _____

℞

☐ LABEL

REFILL _____ TIMES

BNDD NO _____

M. D.

DATE _____

ADDRESS

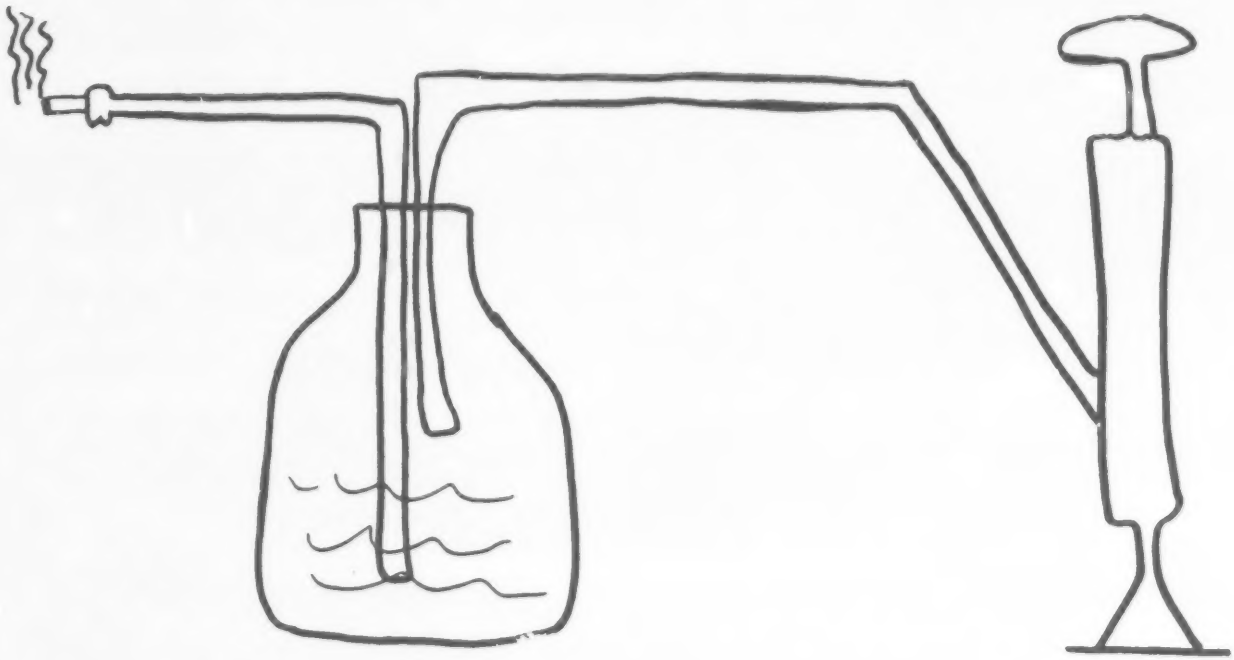
SMOKING MACHINE

Time: 15 Minutes

Equipment and Supplies
- large gallon jar with a two-hole stopper
- cigarettes
- delivery tubes
- cigarette holder
- vacuum pump

Procedure:

Assemble cigarette separating apparatus as shown in diagram.
Fill the gallon jar half full with water.
Place cigarette in intake and light.
Pump vacuum pump so as to draw smoke from cigarette into gallon jar and water.
Pump until cigarette is burned completely. Replace with additional cigarette until tars can be seen in water.
Have pupils examine color of water, smell, and taste the liquid. Pupils will draw conclusion regarding cause and effect relationship.



KINDS OF DOCTORS

Match the following doctors with what they do:

_____	1. Cardiologist	A.	Eye Surgeon
_____	2. Dermatologist	B.	Treats Allergies
_____	3. Internist	C.	Skin Graft Specialist
_____	4. Neurologist	D.	Corrects and prevents tooth irregularities
_____	5. Pediatrician	E.	Skin Specialist
_____	6. Psychiatrist	F.	Cares for and treats expectant mothers
_____	7. Orthopedist	G.	Bone Specialist
_____	8. Ophthalmologist	H.	Brain Specialist
_____	9. Plastic Surgeon	I.	Heart Specialist
_____	10. Hematologist	J.	Treats and cares for infants and children
_____	11. Allergist	K.	Diagnoses and treats diseases of the internal organs
_____	12. Orthodontist	L.	Blood Specialist
_____	13. Obstetrician	M.	Doctor of Mental Health

BODY PARTS AFFECTED BY THE USE AND ABUSE OF DRUGS

Find and circle 12 words related to the body parts affected by the use and abuse of drugs. Words may be from left to right, top to bottom, and diagonally in any direction.

B	R	X	M	R	T	G	I	Z	L	H
H	R	W	I	Q	P	B	O	T	E	H
C	T	A	O	R	H	T	H	S	E	C
A	V	E	I	N	S	C	N	A	P	S
M	A	U	N	N	F	N	R	O	Y	K
O	A	L	T	E	E	T	H	E	M	I
T	C	P	E	U	L	U	N	G	S	N
S	N	O	S	E	C	D	S	M	O	T
G	D	Z	T	O	I	H	T	U	O	M
K	S	F	I	K	B	S	T	U	U	C
Z	L	R	N	X	A	G	B	R	M	X
O	M	T	E	P	M	Q	X	S	F	L
A	Z	U	S	F	P	C	D	L	X	Y

Brain
Heart
Mouth
Stomach
Nose
Kidneys
Lungs
Veins
Throat
Intestines
Skin
Teeth

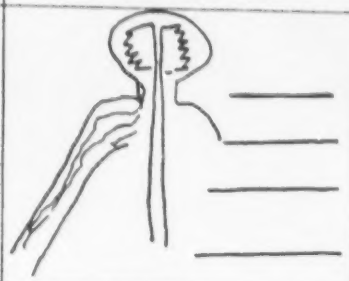
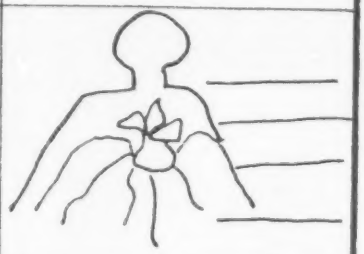
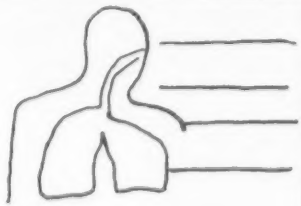
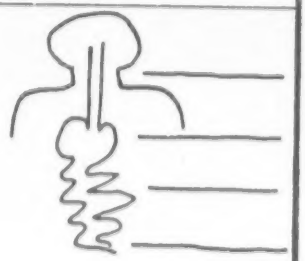
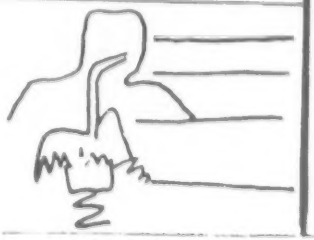
DRUG EDUCATION WORDS

Find and circle at least 18 words related to drugs and health in the chart below. Words may be from left to right, top to bottom, bottom to top, and diagonally in any direction.

R	D	E	R	C	B	A	G	L	U	E	T	R
O	F	O	E	D	N	L	P	T	R	Y	O	M
B	P	I	L	L	U	C	C	I	P	O	B	E
L	Y	C	G	H	R	O	F	B	P	Q	A	M
I	D	B	H	N	S	H	C	A	O	T	C	E
C	O	F	F	E	E	O	B	H	I	R	C	D
A	B	C	D	P	X	L	S	J	S	S	O	I
S	U	D	R	U	G	S	I	C	O	K	E	C
O	H	E	A	L	T	H	C	K	N	R	A	I
D	O	C	T	O	R	U	K	L	M	T	E	N
A	H	I	A	S	P	I	R	I	N	S	T	E
R	P	O	E	T	A	L	O	C	O	H	C	T

Poison
Sick
Glue
Habit
Drugs
Medicine
Aspirin
Tea
Coke
Pill
Coffee
Nurse
Chocolate
Tobacco
Alcohol
Doctor
Health
Soda

The Effects of Drugs on the Systems

	Functions	Systems & Organs	Drugs	System or Organ Affected
A.	_____ System helps you think— carries messages to the brain— helps you feel		Depressants 1. _____ 2. Heroin 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____
B.	_____ System pumps blood to all the body parts—carries digested food to all body parts—takes used blood back to the heart		Stimulants 1. Cocaine 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____
C.	_____ System helps you breathe— brings fresh air to your body—lets out polluted air		Hallucinogens 1. _____ 2. _____ 3. L.S.D. 4. _____	1. _____ 2. _____ 3. _____ 4. _____
D.	_____ System helps you eat—helps break apart food— helps digest food— gets rid of unused food			
E.	_____ System part of alimentary canal—It is concerned with the separation of food that cannot be digested			

I. Football

Drug questions are rated as to difficulty, and then placed into "5-yard," "10-yard," and "15-yard" gains, A "football field" is drawn on a bulletin board or poster. A moveable paper "football" is placed on the 50-yard line. The class is divided into two teams. The first person on "A" team chooses a question from one of the three categories. If the answer is correct, the "football" is moved toward the opponent's goal line. If the answer is incorrect, the team is penalized the number of yards in the category. Then the first person on team "B" chooses a question, etc. Touchdowns count 6 points. The team with the highest number of points at the end of the time period is the winner.

OR

Instead of alternating teams after each question, give each team four questions (downs). The other team gets a turn after four downs where the ball stopped if no touchdown is scored. If a touchdown is scored, the other team gets the ball on the 50-yard line.

II. Baseball

Drug questions are rated as to difficulty and then placed into "single," "double," "triple," and "home run" hits. A "baseball field" is drawn on the bulletin board or poster. "Players" are cut out that can be placed on the bases. The class is divided into two teams. A player from "A" team chooses a question. If the answer is correct, that player moves the number of bases in that category. If the answer is incorrect, the player is out. Team "A" selects questions until three outs are made. Then team "B" is at "bat." The game is over when a pre-determined number of innings are "played." The team with the most runs at the end of the game wins.

AUDIOVISUAL AIDS

DRUG EDUCATION

ALABAMA STATE DEPARTMENT OF EDUCATION

For several years the State Department of Education has provided a film loan service in the broad area of drug education. This service is still available with efforts constantly being made to keep the audiovisual library current and functional.

Persons wishing to take advantage of this service should send in their requests well in advance of the time needed. It is desirable that the request include the date preferred, along with one or two alternate dates, as well as one or two film alternates in case the one desired is already scheduled. Requests should be mailed to:

State Department of Education
Drug Education Resource Center
University Station
Birmingham, Alabama 35294

The Drug Education office will make a special effort to mail every film in time for it to be received and previewed before the date it is to be shown. The borrower should return the film as soon as possible. If the film cannot be returned on time please phone the Birmingham Resource Center. The number is 934-5025. Precaution should be taken to ensure that the film is not abused and is returned in its proper form.

It is suggested that the coding system be observed in showing the films. For example, some films are designed for senior high or college students and adults. These films should not be shown to elementary students, since they would not be effective and could possibly have an adverse effect.

This service is provided free of charge as a part of the Drug Education Program in the State of Alabama but can continue only with your support.

Due to the excessive damage to films during the last calendar year the State Department of Education is requesting that each person be extremely careful with any films they borrow. When using these films, please check for the following:

1. Your projector is operating properly
2. The film is properly threaded
3. The sprockets are correctly in place
4. Rewind film after viewing
5. Replace film in properly labeled container

Last year the majority of film damage was caused by improperly threaded projectors. Please help us be able to continue this service by lowering our repair and replacement costs. Thank you.

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Coding System

el - elementary
jh - junior high
sh - senior high
r - record 33 1/3 RPM
c - college
ad - adults
ca - cassette

A TIME FOR DECISION - 29 min color

sh - c - ad

Shows dramatically the problem of the compulsive drinker, and how his family can find guidance in attaining a normal life, even though the alcoholic may continue drinking. Practical in its approach, this film focuses on a grave social problem to show how communities can have various resources to provide hope and guidance to all victims of alcoholism.

ALCOHOL: THE FIRST DECISION - A Don Dickerson Film 9 min color

el

Young people are confronted with invitations to drink at every turn. They see their parents drink. Newspapers, magazines, and billboards are filled with advertisements for liquor. Alcoholism is made a subject for levity on radio and television. In this milieu, students are faced with the need to make their own decision about drinking.

ALCOHOL AND RED FLARES - Sid Davis Productions 20 min color

sh - c - ad

There is a critical need for informing every driver on the basic, life-saving facts of the relationship of alcohol to traffic accidents. Designed for use by educational institutions, clubs, law enforcement agencies and all other organizations concerned with safety on our streets and highways, "Alcohol and Red Flares" fills that need.

ALCOHOL AND YOU - Max Miller, Avanti Films 25 min color

sh

What are the consequences of dependence on alcohol? This documented treatment of drinking explores the social pressures and drinking habits that can lead an individual into becoming an alcoholic. Medical authorities testify to the ill effects of alcohol.

ALCOHOL AND YOUNG PEOPLE - A Ben Norman Film 13 min color

jh - sh - c - ad

Five teenagers (2 boys and 3 girls aged 14-19) tell their true personal experiences with alcoholism. They are not actors. At least two of them started drinking at age 9, another at 12, and all became alcoholics. They tell how they started, why they continued, and why drinking eventually proved to be a cheat instead of a solution to their problems. Their reasons for drinking included peer pressure, proof of masculinity, loneliness, poor self-image (to the point of attempted suicide), inability to function socially, etc. They describe danger signals of approaching alcoholism: inability to refuse a drink, not drinking "just for fun" anymore, need for a drink to remove fear or sense of inadequacy, etc. Finally, they tell where to find help: doctor, hot lines, school counselors, alcoholics anonymous. As one boy says: "There is help, but ya gotta ask."

ALCOHOL IN THE HUMAN BODY - Sid Davis Production 14 min color

jh - sh - ad

This film is a factual illustration of the effect of alcohol in the human body under varied conditions, for example, when taken on an empty stomach, after a full meal, consumed slowly or quickly, etc.

ALCOHOL, TOBACCO, DRUGS VS PHYSICAL FITNESS - 22 min color

jh - sh - c

A completely unique approach to alcohol, tobacco and drug education for the college student and junior-senior high school boy and girl. Stresses a positive approach to avoidance of stimulants and depressants by emphasizing the relationship of exercise to physical health and the "good life." Depicts young people in popular forms of activity such as cycling, backpacking, skiing, surfing, etc. Stresses the effects of stimulants and depressants on mental and physical performance. Outlines a positive program of activities for balanced fitness.

ALCOHOLISM FILM - National Institute of Mental Health 23 min color

sh - c - ad

Presents causes of alcoholism and excessive drinking tracing development of disorders in a case history of one man. Shows how roots of alcoholism are imbedded in personality difficulties and describes various forms of treatment. Demonstrates role of public clinics.

THE ANSWER IS UNDERSTANDING - National Audiovisual Center 30 min color

c - ad

Film covers the broad scope of drug abuse, including short history of some of the drugs. Designed to help people really understand drugs. Factual, interesting. Ideal for parent or community groups.

ANYTHING FOR KICKS - National Audiovisual Center 10 min color

sh - c - ad

This film portrays in filmograph technique the plight and eventual fate of a teenage couple who become addicted to heroin. Based on the actual words and experiences of the couple, this film dramatically provides an insight into the lifestyle of the youthful, middle-class suburban addict. It also sets the stage for youths and adults to discuss the problem.

BEYOND LSD - Bailey-Film Associates 25 min color

ad

Deals with fears expressed by parents concerning the dangers of the potential use of drugs such as LSD by their teenagers. Parents discuss their attitudes toward behavior popularly associated with LSD use, such as long hair, unusual clothing, and rock music.

CIPHER IN THE SNOW - Brigham Young University 24 min color

el - jh - sh - c - ad

This film has applications in guidance programs, parent education classes, among religious and social workers, teachers, administrators, and youth groups in educational or religious settings.

CLEVER VILLAGE - McGraw-Hill Films 10 min color

jh - sh - c - ad

This is a very ancient moral fable, told in many tongues and in many forms. Here, in animated figures, the fable raises questions on the human tendency to create new problems while trying to solve old ones. Viewers can reflect on the futility of attempts to remedy social problems piecemeal, without an overall plan in mind.

COPING WITH PARENTS - A Ben Norman Film 15 min color

jh - sh - c - ad

Three typical conflicts between teenagers and parents are dramatized: a girl's mother nags her; a boy's father regularly seems to criticize and argue with him; another boy says his mother "has no time for me." The unseen narrator points out that "behavior that gets attention (results) will be repeated" and suggests that the young people are in a sense "rewarding" or reinforcing the undesirable behavior by responding to it: the nagging gets the table set, the father's criticism gets his son's attention, and the other mother protects herself against ingratitude. The narrator shows them how to change the situations by changing their response and by understanding people's basic needs. Each dramatized situation is replayed, using the narrator's suggestions, and shows a positive solution to the problem.

CURIOUS ALICE - National Audiovisual Center 12-15 min color

el

Capitalizes on characters from Alice in Wonderland to describe the dangers of drug abuse. Alice is seen touring a strange land where everyone has chosen drugs. She concludes that drug abuse is senseless.

DANGER! Poison - Film Fair Communications 13 min color

el

Here's a film that all children should see. It systematically identifies household places where they might find poisons. It then reinforces the ideas that they should never sniff or taste such materials and should be careful to keep them away from little children. The kitchen, the laundry, the garage and garden storage are the danger spots. In addition, harmful plants are identified. The skull-and-crossbones symbol and the words "danger" and "poison" are repeated frequently during the film. The encouragement to teach and protect the little ones will serve to protect the "teachers", too.

DRIVING WHILE INTOXICATED (D.W.I.) - Professional Arts Inc. 28 min color

sh - c - ad

These filmed incidents were made with the help of D.W.I.'s who agreed to share their experiences in order that other D.W.I's might learn from them and, hopefully, change their drinking-driving patterns.

The incidents were selected because they were dramatic and visually interesting but mostly because they picture a variety of alcohol-related driving problems and encourage many questions appropriate for group discussion.

DRUGS: THE FIRST DECISION - Don Dickerson Films 8 min color

el

Students may begin using drugs out of curiosity or out of a deeper psychological need. Through interviews and review of case studies of teenage drug users the effects of drugs on young lives are explored. Young people will be encouraged to look for positive alternatives to drug exploration.

DRUGS ARE LIKE THAT - Benchmark Films 17 min color

el

This film avoids the "strike fear into their hearts" authoritarian approach which usually results in children repressing the subject, or rebelling against an authority figure. The psychological reasons for drug abuse, its hazards, and the difficulty of stopping are presented in six sequences.

DRUGS, DRINKING AND DRIVING - 18 min color

jh - sh - ad

Physiological and psychological experiments at U.C.L.A demonstrates the effects that alcohol and drugs can have on driving. Animation shows effects on the human nervous system in this powerful and important film.

EASY WAY OUT - ACI Films, Inc. 8 min color

el - jh

Some of the problems facing young people today are introduced. There are ways of escaping the necessity of making one's own decisions - by slipping into the unreal world of drugs and alcohol. Is such escape really harmful? To help the viewer find an answer to that question, the film shows a parallel situation in nature. Chicks hatching from eggs must struggle to break free of the eggshell. It is a long, exhausting struggle, but it helps the chick to develop the necessary strength to stand on its legs and start an independent life outside the egg. In a hatchery, we see chicks hatching and struggling. Then a few of the chicks are helped out of the shells, so they emerge without effort. The naturally hatched chicks are soon running about; the chicks which were helped can hardly stand and may never catch up in development. To the human personality, also, struggle is a natural part of development, and to escape it through use of drugs or alcohol may do serious psychological damage.

FATHER MARTIN'S CHALK-TALK ON ALCOHOLISM - Maryland State Department of Health & Mental Hygiene - U.S. Navy Human Resource Project

ad

Part I 44.5 min color

A comprehensive lecture on alcohol and alcoholism. Using a chalkboard to illustrate his discussion, Father Martin describes the sociological transition from milk--to soft drinks--to coffee--to alcohol. Discusses the nature of alcohol and explores some myths surrounding its use and effect.

Part II 22.5 min color

He describes the alcoholic and stresses the importance of recognizing alcoholism. The alcoholic will not voluntarily seek help on his own.

FIRST CIGARETTE - A Don Dickerson Film 9 1/2 min color

el

An increasing number of elementary-age children are beginning to use cigarettes. In this open-ended film, smokers and nonsmokers-including young people-discuss the pressures that prompt smoking, arguments against it, and the difficulties encountered when one decides to stop. Viewers are encouraged to make their own decision: to smoke or not to smoke.

FIVE NEW TRIGGER FILMS SERIES: - Addiction Research Foundation

ad

This series of five short trigger films focuses dramatically on a major theme or issue and opens the way to group participation. Each film is accompanied by a complete kit containing a discussion guide, program-planning aids, and basic background information.

1. AFTER HOURS - 3 min 20 sec color

An employee of a helping agency bends the rules to deal with a client's problem. Who is at fault: troubled people who can't or don't know how to use help they are offered, or a fragmented system of community care?

2. CHEERS - 4 min 20 sec color

Shows scenes of underage drinking situations and raises questions about teenage and adult behavior and parental attitudes and beliefs.

3. EVERYONE A WINNER - 3 min 27 sec color

Breakfast-time conflict in a family is resolved with anger, slamming, and retreat. The wife turns to a drink and a phone call to mother.

4. PRIME OF LIFE 2 min 17 sec color

Insecure at work and his job at stake, a pressured salesman comes home to find domestic problems. How will he cope?

5. SCHOOL DAYS - 2 min 20 sec color

A teacher, harried with work, finds three students loitering near a locker. Suspicions aroused, he decided one boy is wrong and takes him to the school office. Portrayal of school discipline and students' rights.

FOR ADULTS ONLY - Professional Arts, Inc. 28 min color

ad

Dr. Allen Cohen discusses drug-related situations which often lead to communication breakdowns between adults and their children. It is directed toward the biases and mythologies of middle-class adults with little previous drug education. Actors, who play the roles of mother, father, daughter, teacher, and director suggest approaches and situations for the film which are then dramatized, discussed, revised, and redramatized.

FROM ADULT TO CHILD--EASY DRINKS - Aetna Life and Casualty 16 min color

sh - c - ad

This film will provide participation with subject matter for discussion pertaining to the reaction to alcohol.

GLASS HOUSES - Nolan, Wilton and Wootten Inc. 22 min color

sh - c - ad

A film dealing with barbiturates and amphetamines. It records thirteen extemporaneous comments from blacks, whites, chicanos, young, rich, and poor about their personal experiences. No pharmacological information is presented and the discussion of drugs effects is essentially subjective. It takes no summary statement regarding drug use; therefore, a careful discussion is recommended following the film.

GO ASK ALICE - Consolidated Film Industries 1 hr. 20 min color

jh - sh - c - ad

This three-part film depicts the life of a young teenage girl who became involved in the drug scene. The story is based on a diary written and later found by the girl's parents after her death. The film was produced in the hope of helping other young people make wiser decisions concerning drug involvement.

This movie has been shown on television several times and is considered excellent viewing for all age groups.

GUIDANCE FOR THE 70'S: SELF-ESTEEM 17 3/4 min color

jh - sh

How do you see yourself? Do you have a good image of your abilities? What is "self-image?" How does a person build self-esteem? Young People at a seminar form images in clay of their self-image and discuss and evaluate the figures. We learn that it is important to build good feelings about ourselves because self-esteem is a basic quality of an effective human being.

HASSLES AND HANGUPS - Avanti Films [illegible]9 min color

jh - sh - c - ad

Without moralizing, this film realistically presents a variety of common problems related to sex and sexual identity, as well as those relating to drugs, authority, and interpersonal relationships. Self-esteem and the positive relationship to reality is stressed to round out this in-depth look at ourselves. The film invites the examination and understanding of seemingly trivial hassles before they develop into serious hangups. Viewers are given an insight into the cause and effects of their own problems and are led to a greater understanding of the problems of others in their lives.

HEROIN - Medi-Cine Films 22 min color

sh

This film deals with the expectations of drug users, the addition cycle, and the goals and problems of substitutive programs such as methadone therapy. Interviews with professional members of treatment and rehabilitation centers and ex-addicts reveal there is no disagreement about the damaging effects of heroin use.

HOLY SMOKE - Billy Bud Films, Inc. 8 min color

el

Holy Smoke is an attempt to express how the young themselves feel about drugs and, more importantly, to show how those with more insight among them would deal with the problem. In the final segment the film makes suggestions for firming up the foundations of a healthy society and of a healthy individual. On this foundation can be built the information programs and guidance toward self-discipline that enables any individual to control his drug use.

INSIDE/OUT SERIES: - Agency for Instructional Television

el

The interdisciplinary series was designed by health educators and learning specialists to help eight-to-ten-year-olds understand and cope with their emotions.

Portraying experiences common to young lives, the programs deal in new and compelling ways with the social, emotional, and physical problems that have traditionally been the concerns of health educators. It's purpose, like that of health education, is to help young people achieve and maintain well-being.

1. I DARE YOU - 15 min color

Clarissa, wanting to be accepted as a member of the neighborhood gang, has to decide whether or not she should take a potentially dangerous dare.

2. SOMEONE SPECIAL - 15 min color

David has a crush on his teacher and is deeply hurt when he realizes that Miss Simpson doesn't place him above the others, but cares for all of her students equally.

3. TRAVELING - 15 min color

Stuart and the other members of his family have mixed feelings about their impending move from the country to Washington, D.C.

4. YES, I CAN - 15 min color

Nine-year-old David comes up against a problem he hadn't expected when he goes out on his own for an "overnight" at summer camp.

IS IT ALWAYS RIGHT TO BE RIGHT - Stephen Bosustow Productions 8 min color

jh - sh - c - ad

Our world is depicted in an animated cartoon, in which age, race and vocation create factions which impair communication. The gap is reached when people admit that they may have been wrong. The film is narrated by Orson Welles and is not a traditional drug abuse education film. It can be an effective tool for stimulating discussion and values clarification.

IT TAKES A LOT OF HELP - Calvin Laboratories, Kansas City

sh - c - ad

Illustrates the dynamics of an interdisciplinary committee organized to take positive action against a local drug problem. The community, Cedar Rapids, Iowa, and the members of the drug committee are profiled. The film also identifies a variety of drug programs in other cities.

JOSHUA IN A BOX - Stephen Bosustow Productions 5 min color

jh - sh - c - ad

Designed to promote creative and critical thinking, this non-narrated animated film deals with man's needs, emotions, and values. The symbolic significance of the provocative ending will stimulate many open-ended questions and discussions.

11:59 LAST MINUTE TO CHOOSE - Brentano Foundation 27 min color

sh - c - ad

The film combines dialogue from actual drug users and former users with overdose treatment scenes from a hospital emergency room. The young people who talk about their drug use are extremely credible. Those who have stopped using are able to tell why without an across-the-board condemnation of drugs. It is difficult to predict reaction to this film and careful discussion is recommended. The value lies in listening to the young people's dialogue as it is extremely creditable.

LSD: INSIGHT OR INSANITY - NC-6 28 min color

jh - sh - c - ad

Many bizarre and even fatal accidents have resulted from unsupervised use of LSD. Film documents serious brain damage and personality destruction caused.

MARIJUANA - BFA 26 min color

jh - sh

A good film on one of the leading drugs of abuse. Discusses both sides of the marijuana issue.

MARIJUANA: THE GREAT ESCAPE - Bailey-Film Associates 20 min color

jh - sh

George Willis is a teenager interested in drag racing. He ignores the advice of someone he admires, a top professional racer, and experiments with marijuana. After his girl friend is persuaded by George to try it, she is injured in a car accident and can't attend George's important race. George appears confident of winning, but the final scene involves him in a serious racing crash.

MEETING STRANGERS: RED LIGHT, GREEN LIGHT - A Don Dickerson Film 20 min color

el

This film helps the child to understand what to do when the meeting of strangers might be dangerous. Examples are the overly curious adult who seeks personal information from the unaccompanied child; the driver who professes to need the child's help in finding his way; the stranger who offers gifts, food, or affection; and the false repairman who tries to gain entry into the home.

NOBODY BUT YOURSELF SERIES: - Great Plains National Instructional T.V. Library

el - jh

A series of six films to be used separately or as a part of a total drug education program. Rather than emphasis on drugs and their harmful effects, the behavioral elements are interwoven with factual material. The series has no teacher and no textbook and utilizes the technique of peer teaching. In unscripted dialogue the young people communicate directly with guest specialists such as an attorney, a psychologist, and a national drug consultant. Through fast motion combined with puppetry and dramatic vignettes, the concepts of self-identity, decision making, and alternative solutions are reinforced.

1. DO NOT STAPLE, BEND, OR FOLD - 20 min color

This student-produced film reflects the teenagers' impressions of their fast-paced, high-pressured life. Psychologist James Maloni and students analyze the pressures exerted by their peers as well as parents and teachers. The difficulty and necessity of maintaining one's individuality is illustrated.

2. IT'S YOUR MOVE - 20 min color

Decision making and its application are stressed. Recognition of the availability of help when needed strengthens the individual's capacity for making wise decisions. The series closes by reaffirming that decision making must be a personal matter and everyone must develop the necessary courage to be no one but yourself.

3. TRUTH AND CONSEQUENCES - 20 min color

Young people accepting responsibility for and consequences of their actions is the central theme. This film presents a dialogue between Attorney Thomas Kerr and a group of junior high students. The penalties for transporting, selling, using drugs are among topics covered.

4. UPS, DOWNS, INS, OUTS - 20 min color

Pressures are an inevitable and constant part of life. This film is designed to help students recognize this and to realize there are positive ways of coping with pressure. A student discussion reveals youths; concern with family, social, and world problems.

5. WHO AM I? WHERE ARE YOU? - 20 min color

The need for friendship and understanding is explored. Dr. Gerald Edwards directs a group of junior high students in an exercise to demonstrate the nature of loneliness and each individual's responsibility to reach out to the lonely person and help him feel accepted.

6. YOU - 20 min color

The film introduces two main elements--the behavioral and the factual--through special film effects. Each person is a composite of many personalities and the search for self-identification continues throughout life. Drug use is placed in proper historical perspective and Cyril Wecht, M.D., comments on short- and long-range effects of drug use and abuse.

ONE TO GROW ON SERIES: - National Institute of Mental Health

c - ad

This series of seven films and discussion guides has been designed to stimulate thinking and discussion about mental health issues related to teacher-student interaction in the classroom. Some of the films presented specify classroom techniques but are not intended to "sell" these examples. Three of the films are set in a high school and three are set in elementary schools and deal with problems and a particular program representing an effort to deal with the problems raised in the film. The ultimate objective is to stimulate action and change.

1. A TEACHER IN REFLECTION - (Elementary setting) 10 1/2 min color

This film's purpose is to provide a concrete example of a program which attempts to deal directly with mental health development in the classroom.

2. INDIVIDUALS - (Elementary setting) 17 1/2 min color

An unrehearsed documentary of everyday events in the classroom of an elementary teacher. Provides a concrete example of one innovative program in California. Provokes discussion on self-direction goals and methods of achieving them.

3. LEARNING STRATEGIES - (Elementary setting) 11 min color

The film shows without commentary several activities in various classrooms in which different strategies are being employed with the purpose of helping children learn to guide their own development.

4. LINDSEY - (High School setting) 17 min color

It is anticipated that this film will provoke a discussion about parents and their children in conflict and ways in which conflicts, when unresolved, can be destructive.

5. ONE TO GROW ON - (Elementary & High School setting) 10 min color

Puts series in perspective and establishes goals and expectations of series.

6. PRETTY GOOD CLASS FOR A MONDAY - (High School setting) 25 1/2 min

The film provides a view of individual values of individual students and of the standards of success set by the school or by the community. Its purpose is also to see how the interaction of these value systems affects the learning that occurs in school as well as personal growth.

7. SARAH - (High School setting) 9 1/2 min color

A student faces suspension for missing class because she had an abortion. Two teachers are seriously frustrated in attaining their objectives in confronting this difficult problem. The purpose is to enable viewers to analyze feelings of each person and his decision.

THE PARENT CRUNCH - Agency for Instructional Television 15 min color

c - ad

The film highlights one of the most common stress-producing events in the lives of teachers-the encounter with an angry parent. At such times teachers have to consider not only the feelings of the other person, but their own feelings as well.

THE PEOPLE NEXT DOOR - Bailey-Film Associates 1 hr. 21 min color b&w

sh - c - ad

This three-part story, originally presented as a CBS Playhouse drama, involves two middle-class families who are neighbors. When the daughter of the Mason family has a "bad trip" on LSD, the father blames his long-haired son and evicts him from the house. The Masons ask their neighbors for help and are told to seek understanding with their daughter. Basic disagreement in values results in the daughter's running away to the East Village in New York City, where she is eventually found and brought back home to undergo group therapy with her parents. Therapy proves unsuccessful, and after another "bad trip," the daughter is committed to a mental institution. The neighbors discover that their son has been selling drugs. They turn him over to the police, but he is released on a technicality. On the neighbor boy's arrival home, he is attacked by Mason, who blames him for the daughter's condition. In the final scene the police take Mason away.

The drama refers to various drugs, including alcohol, barbiturates, amphetamines, marijuana, LSD, and STP.

REPLAY - McGraw-Hill Films 8 min color

jh - sh - c - ad

This film has several objectives. It demonstrates that there are points of communication between the generations and today's youth movement does have a sense of value. The film gives a more objective view of present life-styles when seen in contrast to those in the pre-1940's.

SCAG - Encyclopedia Britannica 21 min color

sh - c - ad

Relates in their own words the experiences of two heroin addicts--a middle-class white male and an inner-city black female. Shows trail from a poppy crop in Turkey to streets of New York. Also focuses on rehabilitation centers and use of methadone.

THE SECRET LOVE OF SANDRA BLAIN -Aims Instructional Media 28 min color

sh - c - ad

The film shows, step by step, the progression into alcoholism of a wife and mother. We see how she, in her unrecognized illness, deceives her friends, her family, her physician and herself. In its positive approach to the problem, the film focuses attention on the facilities and treatment and recovery of victims of the disease of alcoholism.

SELF INCORPORATED SERIES: - Agency for Instructional Television

el - jh

This series show the eleven-to-thirteen-year-olds that they are not alone in what they are experiencing and tells them that there are ways to deal with their problems. The series helps young people improve their life-coping skills by involving them personally in the problem-solving process.

1. FAMILY MATTERS - 15 min color

Andy, a teenage girl, is caught in the cross fire of hostile divorced parents, who compete for her affection but never really listen to her. She knows it is possible to have family support even though parents are divorced because she sees an example in the family of her friend Diane. Andy invites both of her parents to watch her swim in a race, and a series of unpleasant confrontations results.

2. MY FRIEND - 15 min color

The purpose of this film is to help students understand that people often feel the need for an ethnic identity, and to encourage them to appreciate the qualities that are common to all human beings.

3. WHAT'S WRONG WITH JONATHAN? - 15 min color

Back home after a ceremony in which Jonathan has been especially honored, he angrily explodes at his mother for no reason. What's wrong? Nothing, except that Jonathan has had a difficult day. Everything has gone wrong--from being late for school to having to do chores when he wanted to go fishing with friends.

SINGLE CONCEPT FILMS - National Audiovisual Center 45-48 min color

jh - sh

A series of nine five- to ten-minute films discusses general scene and different types of drugs. One film illustrates drug use and misuse in general. The others deal with narcotics, marijuana, hallucinogens, stimulants, sedatives, volatile substance, alcohol, and tobacco.

SMOKER'S LUNGS - Centron Educational Films 13 1/2 Min color

jh - sh - c - ad

Here is convincing evidence--a documented report on what cigarette smoking does to the lungs, as seen by the pathologist. In the films, Dr. D. W. Thompson, Pathologist and Cytologist, presents his well-known slide lecture on the effects of smoking.

SMOKING: A NEW FOCUS - AEF's Health Film Library 16 min color

sh - c - ad

A film aimed at smoking prevention...stop people from smoking before they start. Examines the problem from a medical and sociological viewpoint. Listens to the smoker as well as the nonsmoker: why he started, why he can't stop, and whether or not he really wants to. Host-narrated by James Brolin.

SMOKING: PETE ENNIS DOESN'T SMOKE YET - McGraw-Hill 10 min color

jh - sh

The film explores various social and emotional pressures which may influence an individual's decision on whether or not to smoke. It uses alternating scenes of a teenage discussion group and Pete with friends in an open-ended, "no sermons" manner. It also shows medical aspects of smoking.

SMOKING AND HEALTH: A REPORT TO YOUTH - Film Associates 13 min color

jh - sh - c - ad

Film asks the question, "Is smoking worth the chance?" Answer comes from viewer as he sees how body organs are affected by smoking. Evidence against smoking is overwhelming, but decision to smoke or not to smoke rests with the individual.

SO LONG PAL - Aptos Film Productions, Incorporated 22 min color

sh - ad

The film follows the events in the life of a typical 9-to-5er who is both a convivial social drinker - and a driver - a Walter Mitty-type whose heroic fantasies range from a hilarious Western shoot-out to punishment on a chain gang.

THE SOCIAL DRINKER AND THE ANTI-SOCIAL DRIVER -16 min color

sh - c - ad

Statistical analysis of many automobile accidents involving drinking drivers substantiates the concept that it is not the problem drinker that is primarily responsible for most accidents on the road, but rather the social drinker! Recommended for use with all interested groups.

SOCIAL SEMINAR SERIES: - National Institute of Mental Health

c - ad

This series is an 18-part multimedia package which is designed to approach the problems of drug abuse and drug abuse prevention within the context of total society. The underlying principle is that there are no simple solutions to complex problems. It is a comprehensive orientation upon which school systems employ their particular needs. Most effective when used as a 6 1/2-hour total film unit designed for adults.

1. BRIAN AT 17 - 30 min b&w

Can be used effectively alone or as part of social seminar. The film enters the world of a high school senior, exploring relationships with teachers, administrative personnel, friends, and family. It is a good portrayal of adolescence and the parent-adolescent relationship.

2. BUNNY - 15 min color

A college coed's environment, courses, parents, and involvement with drugs are aspects depicted in this film.

3. CHANGING - 30 min color

A young family seeks to create an alternate life-style complete with beads, beards and pot. It shows the mother and father coping with changing relationships their new life has brought about.

4. COMMUNITY IN QUEST - 30 min color

Generation gap is slowly closed in a therapeutic group while the townspeople act their fears of drugs and banish the group. The film mirrors life and the forces of change in conflict with traditional values.

5. DRUG TALK: SOME CURRENT DRUG PROGRAMS - 30 min color

This is a fine reminder of some educational "don'ts"; don't preach, frighten, or simplify.

6. DRUGS AND BEYOND - 20 min color

The positive purposes of drug use such as increased learning power, memory stimulation, etc. are posed as questions of the future to be dealt with by educators.

7. THE FAMILY - 30 min b&w

What a teacher should know and feel about his students can in part be gained through deeper understanding of how a family group functions. This assumption is the basic theme.

8. **GUY** - 17 min color

A story of a young Chicano and his involvement with drugs, society, and peer group. Shows various drugs and effects on him.

9. JORDAN PAUL: ONE TEACHER'S APPROACH - 30 min b&w

The film portrays the involvement of a high school health educator with his students. Concepts are fairly well presented and emphasis is placed on the points of most value to educators.

10. MR. EDLER'S CLASS: DRUG EDUCATION AT THE ELEMENTARY LEVEL 30 min color

The subject of drugs is used to build an effective learning relationship between a teacher and his class.

11. MEETING - 30 min b&w

How a community pools its available resources for a drug prevention program is the theme.

12. NEWS STORY - 30 min color

How a story makes its way to the T.V. screen, problems of research, filming, editing, and how these affect the objectivity and credibility of the final story.

13. OLDE ENGLISH - 17 min color

A film about an urban New England high school and its influence upon students, teachers, and administrators. There are three primary conflicts. Michael, student; and Mr. Johnson, principal disagree about the nature of school discipline. Student Sandra and teacher Sally Brown "square off" around the issues of respect and authority. Delphine, student, and teacher, Ron disagree on the cause and nature of a dispute between them.

14. TEDDY - 15 min color

This film depicts a young black American who refuses to use drugs and later finds positive alternatives to drug use.

15. TOM - 15 min color

A young man who has allowed hallucinogenic drugs to become his total life experience.

16. WHAT IS TEACHING? WHAT IS LEARNING? - 30 min color

A group of teachers discuss their first year's experiences in the "open" classroom with infectious enthusiasm.

SPEEDSCENE: THE PROBLEM OF AMPHETAMINE ABUSE - 20 min color

sh - c - ad

Nature, effects, and conditions surrounding abuse of amphetamines are explored in detail. The subculture and life-style of those on speed are discussed, along with the therapeutic use. Informative and accurate.

SUCH A BEAUTIFUL DAY - 15 min color

sh - c - ad

To promote a greater understanding of alcohol and highway safety among high school students and other young Americans.

THE TOP - McGraw-Hill Films 8 min color

jh - sh - c - ad

This film depicts man's struggle to reach the top. It is an excellent film for use with groups of teachers or other educators during sessions on planning and organization. It emphasizes the importance of planning and communication using animation.

THE TRIP BACK - 28 min color

jh - sh - c - ad

True story of a middle-aged, middle-class ex-drug addict. Tells her story to a group of students in New York City. A college graduate and convicted criminal, she began her down fall with marijuana.

TIME PULLS THE TRIGGER - 23 min color

jh - sh - c - ad

This film, by drawing and cartoon, shows how carbon monoxide, one of the poisons in tobacco smoke, affects red blood corpuscles and how nicotine causes smaller blood vessels to constrict. Through cartoon, the viewer sees the air passages of the body and is vividly shown, by means of little gnomes, how the inhaling of tobacco smoke irritates the cells in the walls of the air passages.

TRIGGER FILMS FOR ALCOHOL EDUCATION - University of Michigan 15 min color

el - jh - sh

These short films are designed to generate discussion about the use and abuse of alcohol. The target is youth between the ages of 6 and 18 (although several of the films are adaptable to use with adults). The purpose of these discussions is to help young people to test ideas, clarify values and move toward realistic perceptions, personal choices and more firm commitments with regard to the issue of drinking. The emphasis is on rational, rather than emotional decision-making, on responsible, rather than abusive use of alcohol.

UP PILL, DOWN PILL - Bailey-Film Associates 23 1/2 min color

jh - sh - c

This drama juxtaposes the different life-styles of Roger, a teenage dropout who uses pills to escape the boredom of his life and his dish-washing job, and Charlie, an old man who is directing his energy toward rebuilding an old boat. The story follows their gradual friendship from the time Charlie finds Roger living on his boat to the tragedy which apparently forces Roger to make some important decisions.

WEED - Concept Films, Inc. 24 min color

jh - sh - c - ad

The film covers some legal, historical, and sociological aspects of marijuana use. A variety of opinions about marijuana use and effects is expressed by users, ex-users, and some adults. The film is noteworthy in its presentation concerning marijuana myths. Its practical concern with the illegality of marijuana use and the resulting implications give it unusual relevance.

WHAT DO DRUGS DO? - National Institute of Mental Health 12 min color

el

This is a film designed to inform elementary students of the good and bad action of drugs and chemicals on the body, and the risks and dangers of drug abuse. It leads the children toward conclusions and is considered one of the few, good films for elementary children. The attempt is not to frighten but rather to cultivate good judgment.

WHAT WOULD YOU DO? SERIES - Film Distributors Int., Inc.

This series of films seeks to stimulate students to think independently about the consequences of the choices they make and to help them to develop a sense of values. Different from the usual "content" films, these are open-ended, and are made for use in grades 1-6 with an in-depth study guide included. A problem is dramatized and before a solution is given the question is asked, "What would you do?" The series is based on incidents of children's involvement in some phase of drug availability.

Reel # 1

Part 1 - BEHAVIOR - 4 min color

Grades 1 - 3

Two boys are standing in a school cafeteria line and are pushing. One boy falls and hits the tray of food of another boy.

Part 2 - DRUGS IN THE HOME - 3 min color

Grades 1 - 2

A small boy cuts his finger. He goes to the medicine chest to get a bandaid and removes a bottle of aspirin. As he is about to open it, his mother enters the room.

Part 3 - THE STRANGER - 5 min color

Grades k - 3

A small girl approaches a car in which there is seated a nice-looking man. He smiles and invites her into the car saying he will drive her home.

Reel # 2

Part 1 - PILLS - 3 min color

Grades 4 - 5

A young girl is attracted to some packages her mother has brought home. She opens some prescription medicine bottles and looks at the pills. Mother enters room.

Part 2 - TOBACCO AND ALCOHOL - 5 min color

Grades 4 - 5

A boy looks at a cigarette his father left on the ash tray, goes over, takes a puff, and a sip from a beer can.

Reel # 3

Part 1 - VOLATILE CHEMICAL - 4 min color

Grades 4 - 6

A little girl sprays a wig with hair spray and a boy spray paints a picture. They are discussing a feeling of dizziness as their father enters the room.

Part 2 - MARIJUANA - 5 min color

Grades 4 - 6

A 6th grade boy is approached by an older boy, who, noticing a police car parked nearby, quickly reaches out his hand and passes the 6th grader a marijuana cigarette.

FILMSTRIPS

1-8 A New Look at the Old Sauce - sh - ad - r

Significance of alcohol to individuals and society

173-177 Adolescent Conflicts Series - jh - sh - ca

1. Coping with Competition 20 min
2. Coping with Jealousy 20 min
3. Dealing with Anger 18 min
4. Dealing with Group Pressure 18 min
5. Seeking Independence 16 min

178-183 The Adolescent Experience Series - el - jh - sh - ca

1. Developing Values 17 min
2. Forming Beliefs 25 min
3. Interpersonal Relationships 18 min
4. Setting Goals 27min
5. Shaping Identity 18 min
6. Understanding Emotions 16 min

9-10 Alcohol: Fun or Folly - jh - sh - r

Alcohol and its dangers

13 Cigarettes and Health - jh - sh - r

Cigarettes versus alcohol

17-18 The Decision is Yours - jh - sh - r

Making decisions about alcohol

184-186 Discovering Your Personality - el - jh - ca

1. Belonging to a Group 18 min
2. Exploring Your Feelings 18 min
3. Who are You?

FILMSTRIPS contd.

69-76 The Drug Facts - jh - sh - ca

These filmstrips give factual information about drugs

1. Cocaine
2. Downers, the Barbiturates
3. Hallucinogens
4. Marijuana
5. Opium, Morphine, and Heroin
6. Tranquilizers and Other Medicines
7. Volatile Chemicals

31-38B
169-172 The Drug Information Series - jh - sh - r - ca

The five-part series deals with the various aspects of drugs and substance abuse

1. Alcohol
2. Narcotics 15 min
3. Psychedelics 12 min
4. Sedatives 14 min
5. Stimulants 11 min

47-49
204 The Drug Threat: Your Community's Response - sh - c - ad - r - ca

This two-part filmstrip shows the simulation of a community and how it dealt with the drug problem.

65-68 Drugs and Decisions: Your Life - el - jh - r

Discussion of various aspects of drug dependence

1. Bad Medicine
2. Follow the Leader
3. I Won't Get Hooked
4. Who's in Control

59-61 Drugs in Our Society - jh - sh - r

Deals with several aspects of substance abuse

1. Alcohol
2. Kicks
3. LSD
4. Narcotics
5. Tobacco

FILMSTRIPS contd.

131-142 The Effective Teacher Series - c - ad - ca

1. The Drug Problem in Perspective 16 min
2. Drugs and the Classroom 17 min
3. Curriculum Approaches to Drug Education 14 min
4. Classroom Dynamics in Drug Education 14 min

205 The Effective Teacher: Drug Education - c - ad - ca

119-120 Feelings and Thoughts - el - sh - c - ad - ca 8 min

How do you make decisions?

192-196 First Things Series - el - jh - ca

Filmstrips deal with real life problems

1. Guess Who's in a Group 13 min
2. What Do You Expect of Others? 13 min
3. What Happens Between People? 13 min
4. Who Do You Think You Are? 17 min
5. You Got Mad: Are You Glad? 13 min

125-126 Fuzzies - el - jh - sh - ad - ca 12 min

A folk story about the shortage frenzy

153-157 Getting Along Series - el - jh - ca

Filmstrip on concepts of relationships with others

1. I don't Care Anyhow
2. It's Mine
3. Smiles Don't Just Happen
4. Stick 'n' Stones
5. Will You be My Friend?

14-16 Glue Sniffing: Big Trouble in a Tube - el - jh - r

Tells about the problems of glue sniffing

FILMSTRIPS contd.

55-56 Hard to Feel You're Somebody: Dope in the City
el - r - ca 24 min

A self-concept filmstrip

57-58 High on Life - el - jh - sh - r

These two parts deal with how a person looks, feels and thinks about the things around him.

163-167 How Can I Tell? - el - ca

Filmstrips on concepts of nonverbal communications

1. All Kinds of Sound
2. Rainbows 'n' Rain Drops
3. Talking Hands
4. Twist 'n' Turn
5. What Faces Say?

148-152 How Do I Learn? - el - ca

Some concepts of learning

1. Do You Forget?
2. Figuring Things Out
3. Making Mistakes
4. What Next
5. Who's Afraid

127-129 The Ialac Story - el - jh - sh - ca 8 min

An allegory on the classical put-down

187 I Never Looked at it That Way Before - el - jh - ca 31 min

A good communication filmstrip

109-110 Let's Get Organized - el - jh - sh - c - ad - ca 8 min

Discovering your potential

FILMSTRIPS contd.

22-23 Let's Talk About Goof Balls and Pep Pills - sh - r

The dangers of uppers and downers

53A-54B LSD: The Acid World - jh - sh - r

two-part filmstrip on LSD

24-25 LSD: Trip or Trap - sh - r

Discusses the dangers of LSD

39-46
198 Marijuana: What Can You Believe? - jh - sh - r - ca 16 min

A two-part discussion of marijuana

197 Marijuana Possession: A Contemporary Case Study
jh - sh - ca 7 min

A case study depicting the problems of marijuana possession

202 Me, Myself and Drugs - jh - sh - ca

1. What are Drugs?
2. Outside Influences
3. Feeling Bad-feeling Good

158-162 Mixing In - el - ca

Concepts of children's interpersonal relationships

1. All Alone Don't Count
2. Do I Have to Win?
3. Me First
4. White Lies Don't Count
5. Who, Me?

188 Personal Commitment: Where Do You Stand? - el - jh - ca 25 min

Where does one stand after making commitments

FILMSTRIPS contd.

26-30 Rap On - el - jh - r

A discussion about aerosols

189 Reflection of Myself - el - jh - ca 20 min

A film developing self-image

117-118 Roles and Goals - jh - sh - c - ad - ca 6 min

Which comes first, the role or the goal?

11-12 Smoking or Health - jh - sh - r

Is smoking really worth the chance? It is your decision

115-116 Strike it Rich - jh - sh - c - ad - ca 8 min

What does it mean to be rich?

199 Tobacco and Alcohol: The $50,000 Habit - jh - sh - c - ad - ca 37 min

111-112 Truth and Consequences - jh - sh - c - ad - ca 8 min

This is much more than a game

190 Values for Teenagers in the 1970's - jh - sh - ca 20 min

What should your values be?

200 What are You Going to do About Alcohol? - jh - sh - ca - ad - ca 17 min

Do you really need alcohol?

201 What are You Going to do About Smoking? - jh - sh - c - ad - ca 23 min

Have you tried to stop smoking?

FILMSTRIPS contd.

143-147 Who Am I? - el - jh - ca

Dealing with the real you

1. All Kinds of Feelings
2. Do You Believe in Wishes?
3. The Joy of Being You
4. Nothing is Something to do
5. People Packages

191 Who Can Help You - el - jh - ca

A filmstrip dealing with community awareness

121-124 Why Am I Afraid to Tell You Who I Am? - el - jh - sh - c - ad - ca 27 min

Doing away with the roles and masks that hide our real selves

130 Why Drugs? el - jh - sh - ca

A discussion of why people take drugs

19-21 Why Not Marijuana - jh - sh - r

This filmstrip deals with the pros and cons about marijuana

113-114 You Have to Want Something - jh - sh - c - ad - ca 12 min

Discovering our resources and setting goals

TAPE CASSETTES ONLY

The Drug Scene - el - jh - sh - ca

Eight cassettes covering various topics

1.	Introduction	14 1/2 min
2.	Marijuana	14 3/4 min
3.	Marijuana Laws	14 3/4 min
4.	Hallucinogens	15 min
5.	Pills	13 1/2 min
6.	Alcohol	13 min
7.	Heroin	13 1/2 min
8.	Heroin and Methadone	14 3/4 min

COLOR VIDEO CASSETTES

A Health Education Program on Drug Education

Simulation - Town Council Meeting, Parts I and II by participates of Summer Workshops

Developing Values "Wanted - People Who Care", Parts I and II by Karen Clark

Drug Education Programs and Student Values, Parts I and II by Theda Dill

Psycho-Social Aspects of Drug Education, Parts I and II by Dr. Gerald Edwards

ADDITIONAL FILMSTRIPS

64	Drugs: Friend or Foe - el - jh - sh - r
75	Marijuana and Hashish - jh - sh - ca
74	Uppers, the Amphetamines - jh - sh - ca

209 Junkie - ca

211-212 Crisis - ca only 2 hrs.

Part 1 Ch 1- 5 50 min
Part 2 Ch 6-10 1 hr. 10 min

213-214 Drugs - How, Why and When - ca only

210 Drugs and Children - el - jh - ca

215-216 "H" as in Heroin - ca only 1 hr. 54 min

Part 1 Ch 1- 5 57 min
Part 2 Ch 6-10 57 min

217-218 H. E. L. P. - ca only 1 hr. 44 min

Part 1 Ch 1- 5 50 min
Part 2 Ch 6-10 54 min

206&208 Uppers and Downers: What Killed Billy Lawton? jh - sh - r

130&207 Opiates: What are Narcotics?-- jh - sh - r

206&208 Psychedelics: A Way to Travel - jh - sh - r

HOTLINE - National Audiovisual Center 30 min. color

For Senior High and Adults

A group of students operates a telephone consulation center devoted to alcohol-related problems. The group is having problems keeping the Hotline going. Since their advisor, Paulie Green, is frequently absent, the group enlists the aid of a young medical researcher.

Woven throughout Hotline are a variety of telephone conversations which provide factual information about alcohol's behavioral and physical effects. A good entree is provided into the issue of why and how to help people who have drinking or other problems.

IN THE BEGINNING - National Audiovisual Center 30 min. color

For Senior High and Adults

Pete and Liza are planning their wedding. A problem arises to mar their plans because Liza's family refuses to serve alcohol at the wedding reception. The problem is resolved through the assistance of the Hotline volunteers.

The reasons people drink and abstain are presented, with a strong focus on the role of parents - for good and bad - in shaping their children's current and future drinking and abstention practices.

AL'S GARAGE - National Audiovisual Center 30 min. color

For Senior High and Adults

Al's auto repair shop is a mecca for the "cruising" crowd. R.J., who frequents the garage, has been "grounded" because his father knows he has been drinking while driving. Bill and Curtis, two regulars at the auto shop, are arrested for drunken driving.

Peer pressure and whether friends should "get involved" with their peers' drinking problems are explored. Factual information on the effects of drinking on driving and the possible legal ramifications of a drunk driving accident are also presented.

THE LEGEND OF PAULIE GREEN - National Audiovisual Center 30 min. color

For Senior High and Adults

Two characters are featured: Paulie Green, the problem drinker from the first film Hotline, and Karen, a teenager who has an alcoholic mother. Paulie has now managed to control his drinking. Karen calls Hotline and is referred to Alateen.

What may cause problem drinking? How can problem drinkers be helped? How can a spouse or child cope with a problem drinker in the family? These questions are posed and possible solutions are suggested.

BE SMART--DON'T START (SMOKING) - FilmFair Communications 11 min color

el - jh - sh

An excellent film which offers some facts about the effects of tobacco and tobacco smoke on the human body, emphasizing that smoke is the waste product of burning. Avoiding the use of scare tactics often used in the traditional anti-smoking film, Be Smart suggests that smoking or not smoking should result from a thoughtful decision. The film's purpose is to create a lifetime attitude toward smoking.

THE HEALTH-WREAKERS - FilmFair Communications 13 min color

el - jh

A very brief introduction emphasizes the importance of good health with slow motion shots of athletes and scenes of young people enjoying various outdoor activities. Each health-wreaker-alcohol, drugs and cigarettes--is examined separately in a comprehensive and objective manner. Highlights of the film include an intoxicated goldfish that illustrates the effects of alcohol, graphics and animation that show simplified processes and effects, and a demonstration with "Smoking Sam," a mannequin with spun-glass lungs that inhales and exhales cigarette smoke.

FRANCESCA BABY - Walt Disney Educational Media Company

Two-part film

THE YOUNG ALCOHOLICS - National Film and Video Center

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64	Drugs: Friend or Foe - el - jh - sh - r
75	Marijuana and Hashish - jh - sh - ca
74	Uppers, the Amphetamines - jh - sh - ca